				STATE OF MARYLAND	8 6	52/24
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OR A be hose oched oched Dept.		22b. SIGNATURE	Tranaly	DEGREE	AMEDICAL STAFF	22c. DATE SIGNED
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## STATE OF MARYLAND 024092 NOV DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECESED NAME 20. DATE OF DEATH MONTH November 9, 1986 Christine Louise ANDERSON 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) Det. 22, 1916 Female White 70 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AMI Doctors' Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker Lanham, Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 6503 99th Place 13d. INSIDE CITY LIMITS? Maryland Pr Geo Seabrook YES T NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Collins Russel Samuel Blanch 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 577-54-A312David C.Anderson/Seabrook, Maryland20706 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOXX 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN WHILE NOT WHILE this hospital) affended the deceased from (my our) opinion death occurred on the date and hour and from the causes stated DEGRE ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN MPORTANT

86 32732 12:31AM IF UNDER TYEAR IF UNDER 24 HRS Prince George's County 12h KIND OF BUSINESS OF INDUSTRY Own Home 20706 Newmyer 6500 Fiss99th Place 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE 22c. DATE SIGNED 7525 Greenway Center #205 Greenbelt, Md. 20770 Washington, COUNTY D. CAIE

DHMH - 16 60M 7/B4

24. FUNERAL DIRECTOR Rendon/Hale Lanham FuneralHome 250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 9013 Annapolis Rd, Lanham Maryland 20706 (VRA 15, 4)

11-9-86

23c. NAME OF CEMETERY OR CREMATORY

Lee Crematory

Dr. Thomas Bensinger

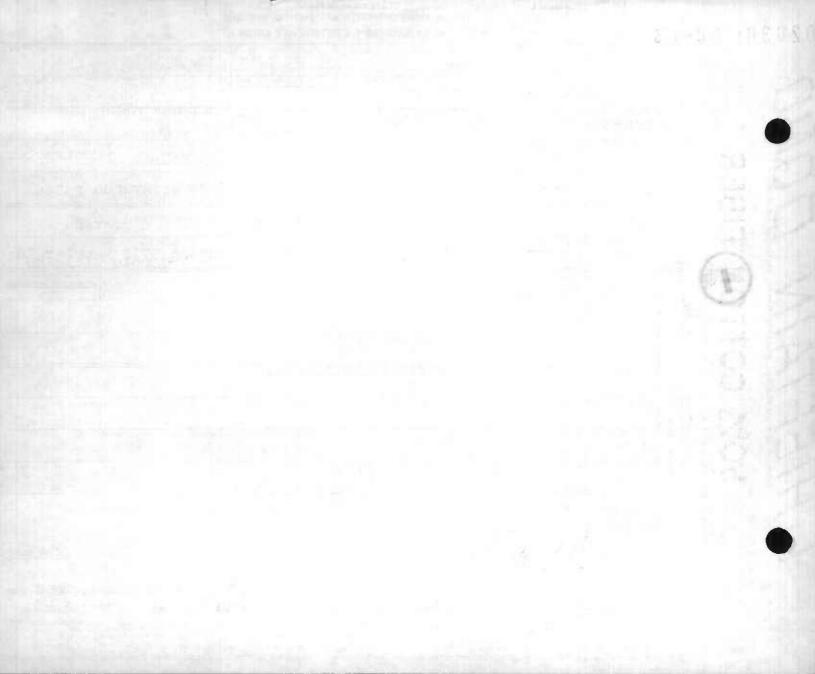
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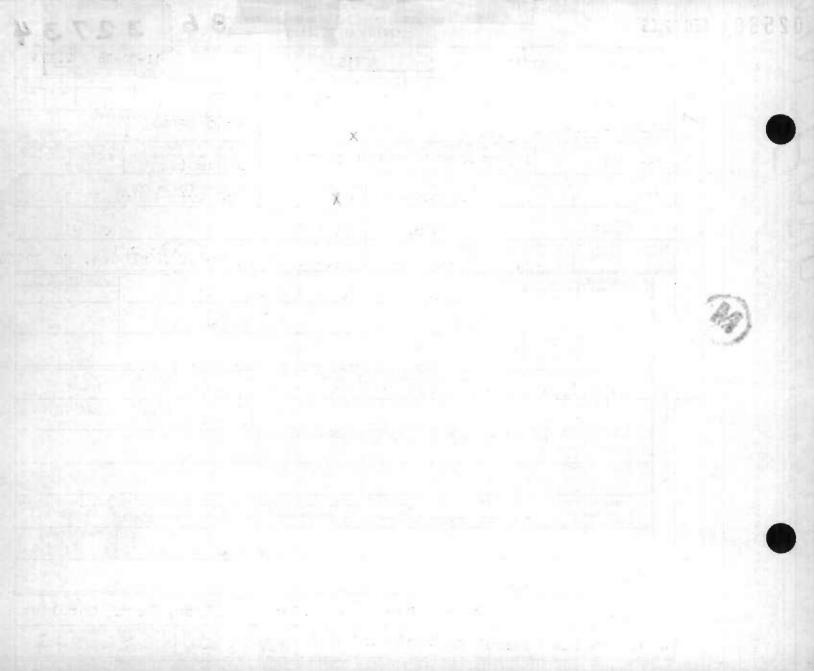
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2413/		Burial, CREMATION, REMOVA	AL 23b DATE 11-23-86		Wilson,	North™ Carolina
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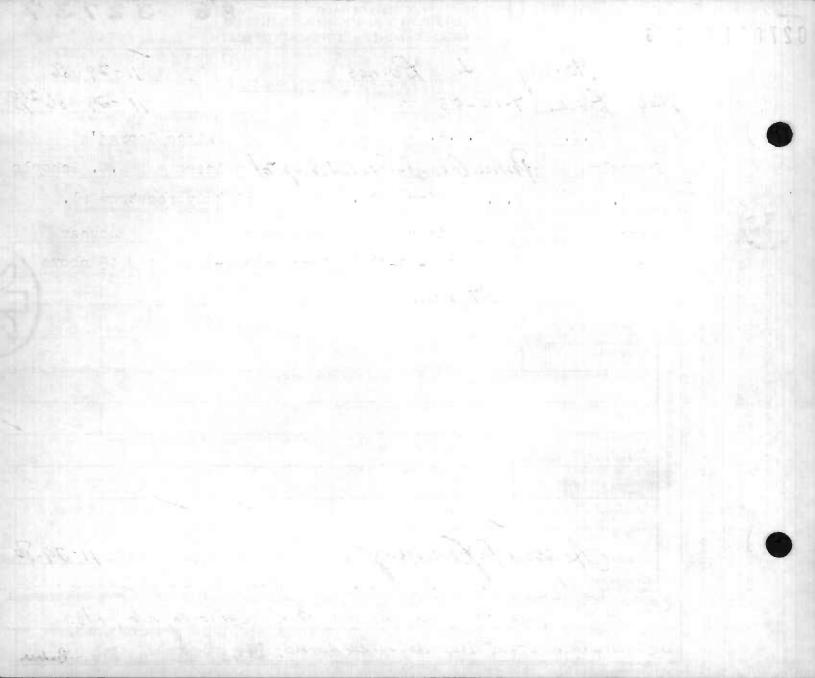


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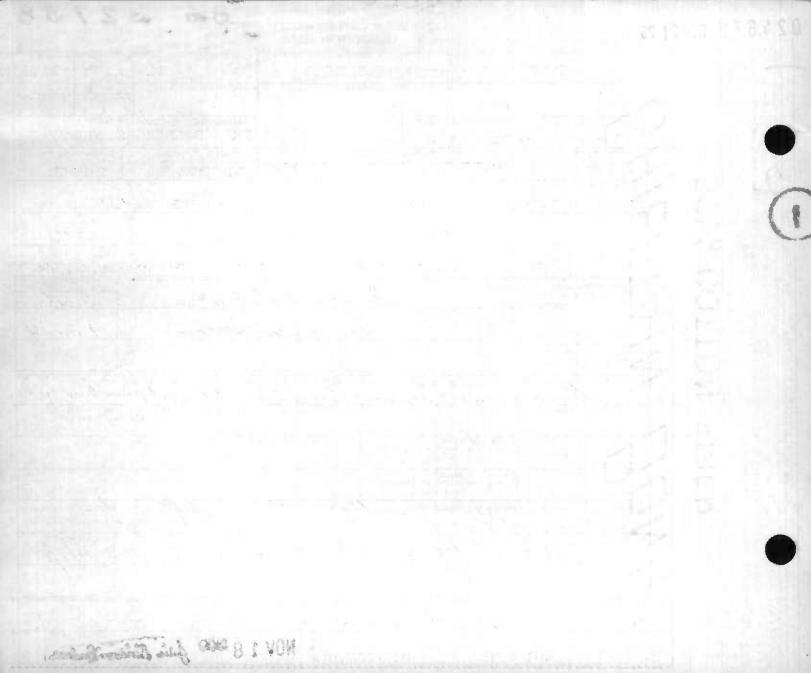
STATE OF MARYLAND 023402 NOV 10186 STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 2h HOUR 350 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED COUNTRY U.S.A. Wash. D.C. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Manor Nursing Home. Hvattsville Hvattsville Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES M 58th Ave. Cheverly 3811 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Muscolino Curto Catherine Joseph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Greenwood Dr. IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) LoGiudice Glendale, Md 579-48-58] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY aces IMMEDIATE CAUSE to A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PORECTOR | PHYSICIAN MPORTANT 224 PHYSICIAN SALANE TOWNSPRIK 22e ADDRESS should be AHAKIA 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Burial 11/5/86 Ft. Lincoln Brentwood . G 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Rendon/Hale Lankah Funeral Wardern Kandall Home (VRA 15, 4)

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STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN AMONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Far use DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 70 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY) U.S.A. N.C. WIDOWED [ DIVORCED Prince George's CITY OR TOWN OF DEATH LANAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 114 KIND OF BUSINGS FOR MOST OF WORKING LIFE) Engineer Schools Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) edar Hgts. 13a. STATE 1136 COUNTY P.G. Cedar Md. Cypresstree I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST Baines Leon Joyner Margaret WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 237-90-0480 # 13 above Diane Baines-Same as No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE & My hism DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A I CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES T DEPARTMENT C NO V 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: 1. ATTR DEATH, WITH THE STATEMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted fram Natural causes Suicide Hamicide Undetermined manner Deputy MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct , Temple Hills, MD Rodriguez, M.D. Augusto 4. BURIAL CREMATION, REMOVAL 236. DAJE HARMONY MEM. TARK 1 ANDOVER 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** H. S. WASHINGTON + SONS 4925 BURROUGHS AUGUL (VR A15 ME (5))



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	TO HOSPIFAL OR ATTENDING PROTSICIAN. The law requires that the death certificate be executed within 24 flowly after the death. Page 4 may be removed by the hospital or others and physician and completely filled in by the funeral director, page 3 should be described for uses in the burster beamful then believe empre-entities pages 1 and 2 should be filled within 22 hours after death.	TO HOSPITAL OR ATTENDING PHYSICIAM, The law requires that the death certitions be executed within 24 hours after their sharth. Page 4 may be entirement by the hospital or otherwise the certition of completely falled in by the funeral director, page 3 should be absorbed for use as the buriof-virulity permit. Then please entire entire pages 1 and 2 should be sharted for use as the buriof-virulity permit. Then please entire entire pages 1 and 2 should be sharted for use as the buriof-virulity permit. Then please entire entire of remands with the Store Dept. of Health and Mental Mygians prior to buriof, are mand to remands.  WEOSTANT, it ken 21 is marked at them 18 shows ony rejury, or other fraumatic event, the medical inciding challeted at other.	10 HDSPFALOR STENDING PHYSICIAN. The law logations that the death certificate be executed within 24 facts and the death certificate be executed within 24 facts and the death of the death	I. DECEASED NAME [TYPE OR PRINT]  MALE  BIRTHPLACE (STATE OR FICUNITY)  MARYLAND  10 CITY OR TOWN OF DEA  CLINTON M  USUAL RESIDENCE (IF NURS)  ISO, STATE  MARYLAND  16 DWAS DECEASED EVER [YES NO OR UNKNOWN)  NO  18 CAUSE OF DEATH PART I. DEATH W.  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DECESSO NAME  T. DECE



025	230 NOV 2	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	2739
		DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH D	YEAR 26. HOUR
	be 3	Herbert Milo Bell sr. 11 14	6 86 0723m
	may be	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Page 4	Male Caucasian 07/02/21 65 yrs.	ONTHS DAYS HOURS MIN.
	leoth. P.	New York 7. CITIZEN OF WHAT COUNTRY? AMARRIED AND NEVER MARRIED OF SALTIMORE CITY OR COUNTY OF WHAT COUNTRY? WIDOWED DIVORCED OF SALTIMORE CITY OR COUNTY OF	OF DEATH  OFGES MD.
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•	AL OR AT the hosp AL DIRECT detoched f orte Dept. or T. If Item 7.	above. (1) (we) (did) (did not) view the body alter death.  22b. SIGNATURE  DEGREE  ATTENDING  ATTENDING  PHYSICIAN  PHYSICIAN  DIRECTOR  PHYSICIAN	11/16/86
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	7 5 5 € 3 3/	230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	a charge
	BP	Burial 11/20/86 Maryland Veterans Cem, Cheltenham Pri	ince George s Md
	DHMH - 16 60M 7/84	24. FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
	(VRA 15, 4) 663	3B Old Alexander Ferry Rd. Clinton, Md 20735 NOV 24 1985	

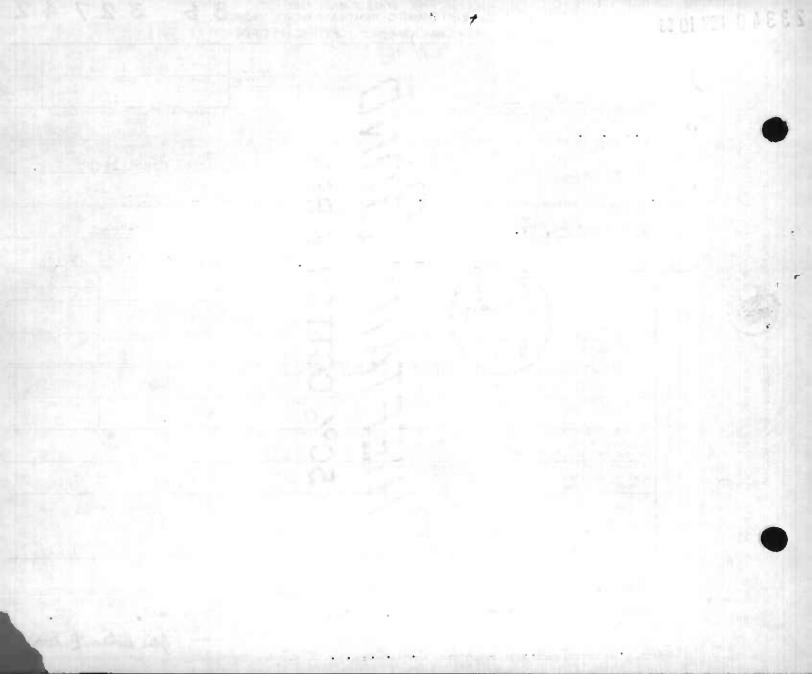
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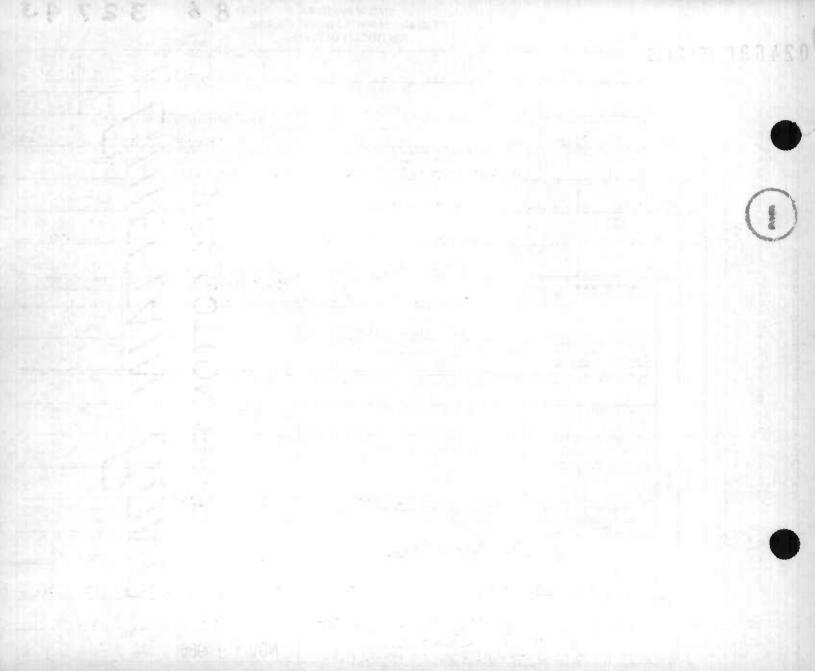
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220	1.0		REGISTRAR	MEDICAL EXAMINI	ER'S CERTIFICATE OF D	EATH REG. NO.	
4 5 9	1 9 NOV 11	8	CEASED NAME FIRST WILLIAM	Ben 10	min Sv	28. DATE KNOWN MON OF ESTI- DEATH MATED	L-7 1986 POUR
	ARY, PIEASE LI DIRECTOR. YOUR FILES. 72 HOURS	TY,	Tale Black & DA	E OF BIRTH  (H-20-22 GARENTE LAST BIRTHDAY  LAST BIRTHDAY  YEAR  LAST BIRTHDAY  YEAR  YES	MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD	7 1986 78 M
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ORE, ALC	100	14. 77	70m	Benjam	15 MOTHER'S MAIDEN NA	ME MIDDLE OU	LAST
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	AND STATE		22a I certify that I taak charge of the death resulted from Natural cause		Autapsy , Inspection cide , Un	Inquiry , and in my	apinian
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	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	12-0	EXAMINER'S NA (TYPE OR PRINT)	Rodficul 21	MD ADDRESS 5009 Ra	yburn Ct. Com	p grv. Ihd
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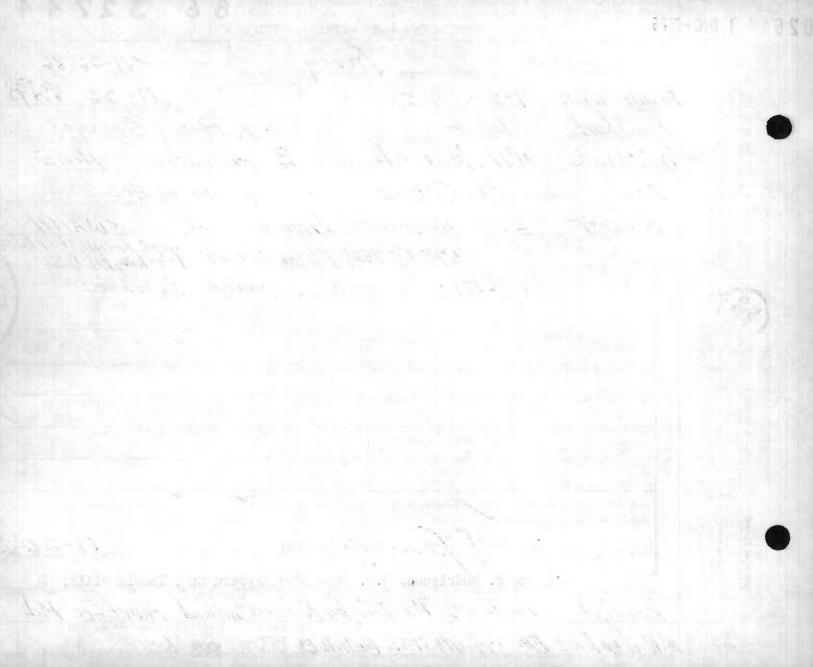
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A STREET	1 SEX	10	Fred RACE Black	5 DATE OF BIRTH	YEAR 48	LAST BIRTHD	ARS IF UN	Benning DER 1 YR.	IF UNDER 2	4 HRS. 20	DEATH MA		MONTH	1 19 86 DAY YEAR 1 19 86	2d HOUR 9 • 5 5 T
POR YOU WITHIN TO REESAN	7a. BI	RTHPLACE (ST	ATE OR	11 13	IAT COUN		8. MARRI	ED X NEV	ER MARRIEL		BALTIMOR	_	-	OF DEATH	
PAGE S PAGE S S S W W	ID. CI	sh., D.	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FAI Southern	PITAL, NU	TREET ADDRESS)	, OR OTH	ER INSTITUT	ION	120 USUA FOR MO		ION (TYPE	OF WORK 1	26 KIND OF B OR INDUS	USINESS
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S AFTER GIVE PA TITH FOR PAGES 1	16a V (Y	es, no, or unkno Yes		WAR OR DATES)	579	0-66-00		Mrs.		ne Be		ADDRESS :/wife	e/sam	e as 1	
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成 当立 ロ井	CERTIFICATION	194 DATE OF			37	WHICH OPER		40						20. AUTOPSY YES 🏖	
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ESASE 24ASE	W	WHILE AT WORK		STREET, FACT			Autaps	TREET	Inspection	<u> </u>	Inquiry [	], and	In my apir		STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulte ACTUAL SIGNATURE_	Mays	ral causes XX,	Accident	I. su	icideM.	Homicio TITLE (SPI ASS1S	PECIFY)		AL EXAMIN		DATE SIGNED	11/2/	//86
making with f		EXAMINER'S INTERPRETATION OF THE PROPERTY OF T	NAME Mar	garita A. 35. DATE 11-8-86		NAME OF CEA	AETERY OI			Penn 23d. LOC.	St.  ATION TOWN Brent	Balto		γ .	STATE
07/84 BP 35		JNERAL DIRECT	TOR	11-8-86 ADDRESS		Ft.	Linco		50. DATE RE					Md .	
(VR A15 ME (5))	Jo	hn T. F	hines Co	., 3015 1	2th S	St. N.E	, D	C. 200	17	U	,,,,,,	Julia	Dande	W. Karat	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 2n DATE OF DEATH MONTH 2b. HOUR November 5, 1986 10:30PM Alice. BERRY 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH Female Black 10.1908 78 Mar. 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's North Carolina WIDOWEDK DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctors' Hospital of Pr. Geo. Co. Housewife Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 1136. COUNTY 13d INSIDE CITY LIMITS? P.G. Upper Marlborbyes 1077 Largo Road Marvland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Thompson Lettie Hazel Thompson ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Eleanor Fielding-daughter-4162 Suitland Rd.# 579 07 9605 no 101, Suitland, Marylard BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART L DEATH WAS CAUSED BY: TRANSITIONAL CARCINONA METASTA716 DUE TO OR AS A CONSEQUENCE OF BLABACK Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 DIVISION OF VIT HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 11/5/86 220.1 certify that (1) (this hospital) attended the deceased from 9/22/86 11/5/86 19 saw the deceased alive an \_\_\_\_\_, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL should be deto with the State [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4700 Berwyn House Rd., College Park, Md. 207 Lester M. Miles M.D. 0 23¢ BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Nov. 10, 1986 Maryland National Cemetery Laurel, Maryland Burial DHMH - 16 60M 7/84 dea Danieron Pand (VRA 15, 4) Stewart Funeral Home-4001 Benning Road.



DEPARTMENT OF HEALTH AND MENTAL HY MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a. DATE KNOWN DAY 2h HOUR STYPE CHERMISTS ESTI-DEATH MATED 5. DATE OF BIRTH 6 AGE (IN YEARS IF LINDER 24 HRS DATE LAST BIRTHDAY) MONTHS RONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED [ 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause tipe for (a) PART I DEATH WAS CAUSED B IMMEDIATE CAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TWENT OF HEALTH A DIVISION OF VITAL RECOR CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 3 SHOULD DEPARTM 1 PRIOR TO OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE WHILE AT WORK 220. I certify that I took charge of the remains de cribed above, held an Autopsy Inspection and in my apinian Notural causes death resulted from: Homicide \_\_\_ Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRES 5009 Rayburn Ct . TO M EXECU Kodriguez Temple Hills, MD Augusto TYPE OR PRINT) 0 230. BURIAL, CREMATION, REMOVAL 23b DATE 07/84 BP. 25M DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



1 DECEA	REGISTRAR	C	IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	
	ASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TYPE OR	Thoma		Betts	11	19 86 4AM
of distribution of the state of	MALE (	race s.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  88 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
To BIRTH I SW			MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH  MD.
10 CITY	or town of death II	NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORKING! MILK Tester	12b. KIND OF BUSINESS OR INDUSTRY Mary Land II niversity
13a STA	RESIDENCE (IF NURSING HOME OR OTH 13b. COUNTY		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COL	E Agriculture
	HER'S NAME FIRST MID		15. MOTHER'S MAIDEN NA	WE	LAST
5 5 5 5 16a WA	Edward	Betts D FORCES?   166. SOCIAL SECURIT	Y NO. 17 INFORMANT	ADDRESS	Merrill Merrill
Pos in the contract of the con	S. NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)		(Wife) Same as	#13
NG PHYSICIAN. The low requires that the death certificate be executed by the continuous physician.  Of PHYSICIAN. The low requires that the death certificate be executed by the other diagram of the burial-transity permit. Then please remove cohomopens. Pages the horizontal hygiene prior to burial, cremation, or removal.  Orked or hem 8 show ony injury, or other troumatic event, the medic of the permit of		one cause per line for (a), (b), and (c)	(1)	arrest	APPROXIMATE INTERVAL
deoth ce otherding move corbino, or re froumatic	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENC	E OF MA/nut	ridian	mouths
that the day the lease rem ial, creminal, creminal or other than the lease that t	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	er of T	rostate	10/84
requires requires. Then ploy to burn ploy or to burn rinjury, or r			ITH BUT NOT RELATED TO THE TERM		
N: The low required to see significant. The low requirements of the see significant to se	a. DATE OF OPERATION	196 CONDITION FOR WHICH OP		YES NO NO IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
YYSICIAN.  YYSICIAN.  S certificat  Mental Hyg  DICAL CEI	10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHYSICIA phrending pl transfer this certif the buriol-t ond Mental ked or hem  MEDICAL	Id INJURY OCCURRED  WHILE NOT WHILE TOWORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
To DR. Aft Use as I is man I i	2a.1 certify that (1) (this hospital)		Sept 1981	death occurred on the date and ha	, 19 6, that (1) we) lost
the plant of the p	sow the deceased alive an obove (II) Due! (did) (did not) v	I Schall	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
retained by II TO FUNERAL Should be det with the Storie MADORTANI:	DAVID S.	5chachte	V 7525	Greenwa (	and DI/4K
230. BUR	RIAL, CREMATION, REMOVAL Burial		ME OF CEMETERY OR CREMATORY Lincoln Cemeter	y Brentwood F	P.G. Maryland
DHMH - 10 60M 7/84 FT anci	FRAL PRESICH'S Sons	Funeral Home, P.	A. 25a.		STRANT SIGNATURE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 32746

		REGISTRAR			CHIL OI DEN		REG. NO.						
		CEASED NAME FIRST	WIDDLE	O'	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR				
	TITPE		nita L	. 5	igaers		11-	-6-8b	6:45A.M				
2	3. SEX		4 RACE	S. DATE O			AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR	IE UNDER 24 HRS HOURS MIN.				
	F	EMALE	l W	MONTH		YEAR D 7	79 yrs.	MONTHS DAYS	HOURS MIN.				
7		RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MARK	9	BALTIMORE CITY OR COUN	Y OF DEATH					
1	G	eorgia	U.S.A.	WIDOWE			Prince Geor	ge s	MD.				
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME O		ION	120 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING	12h KIND C	OF BUSINESS OR				
1	Ft	. Washington	Ft. Washing	ton Rehab.	Center	-0.0	Housewife	N/A					
1	USU/	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDER	NCE BEFORE ADMISSION	1134 INSIDE CITY L	IAAITS 2 LI	007						
C	M	aryland Prin	ce George C	linton	YES X NO		3 STREET ADDRESS / ZIP COI	Drive					
1	14. FA	THER'S NAME	MIDDIE		15 MOTHER'S MA								
		Warner	Ful:	ler	Will	ie	Maude	Robb	ins				
-	16a. V	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT		7005 Groveton	Dr.	N SELECT				
/		NO OR UNKNOWN] (IF YES GI	252-0	01-0086 D	Tom L.	Gann,	Jr. Clinton,	Marylan	d				
-		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for to	), (b) and ici		^	Δ. Ι	APPROX BETWEEN	XIMATE INTERVAL				
			TE CAUSE (b)	edio-0	ulman	1/ARY	4 MRRESI	IN)	median				
			DUE TO OR AS A CO	NSEQWENCE OF	71	1	1	7	11				
		Conditions, if ony, which	( (b) D K	ain -	Stem	C	US tuncho	1115	- 6 day				
		gove rise to immediate couse (a), stating the	) DUE TO OR AS ACO	NSEQUEATE LE									
Ðſ		underlying couse lost.	1 obell	, Ath	erosc	cro	1815	0					
		PART Z. OPRER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THERM	ALDISEASE DE CONTINON	IN IN PART II	0				
	CERTIFICATION	1) longis	Tive He	art Fa	imre	2)1	em/ tai	lure					
9	CAI	THE ATE OF OPERATION	1% CONDITION FOR	WHICH OPERATION	WAS PERFORME	0		ES, WERE FINDS OFFING CAUSES					
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7		DIS ACCIDENT MYZ THIDESTAINO [	and the second second second second second	ITH DAY YEAR	21s. HOW INJURY	OCCURRE	D (INTER-ALLES OF INTER-INTER-II	PART I DRYANT 21					
	CAL	If thes soles well-cal stamps		19		-9	- (						
	MEDICAL	THE INJURY OCCURRED	21s. PLACE OF INJURY (ATHORE STREET FACTOR)		ZII LOCATION		LIN OF SOWN	COUNTY	STAIR				
		area a server a		-	1-1-	00	2 11 /	d					
		27s I certify that It this hosp		27120	CAUDOK.	0	) ·- 11-6	10-214	that (i) we) last				
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		The second second	- Illan	n	ATTEN	DING /	MEDICAL STAFF	22c DATE	SIGNED				
-,		Nyuck	Margel	3, 111.	PHYS	ICIAN IX	DIRECTOR PHYSICIAN	1111	6/06				
/		H Jack Hud	Ison, M.D., P	.A.	9015 Wo	odvar	d Rd, Ste 201,	Clinton	D 2073				
			AVC BRIDE SECTION SECT	(300)					/				
	23a B	URIAL, CREMATION, REMOVAL	California Salatonia (1954 and 1955)		EMETERY OR CREM		23d LOCATION CITY OF TOWN	COUNTY	STATE				
	24 61	JNERAL DIRECTOR	11/10/86	Westvi	ew Cemet		Atlanta		rgia				
		NAME.		160 Oxon	Hill Rd.	NOV	REC'D. BY REGISTRAR 256 REGI		- Randaer				
	ue.	orge P. Kalas	runeral Home	Oxon Hil	I. Md.		7 7000	to man and the	". Landack				

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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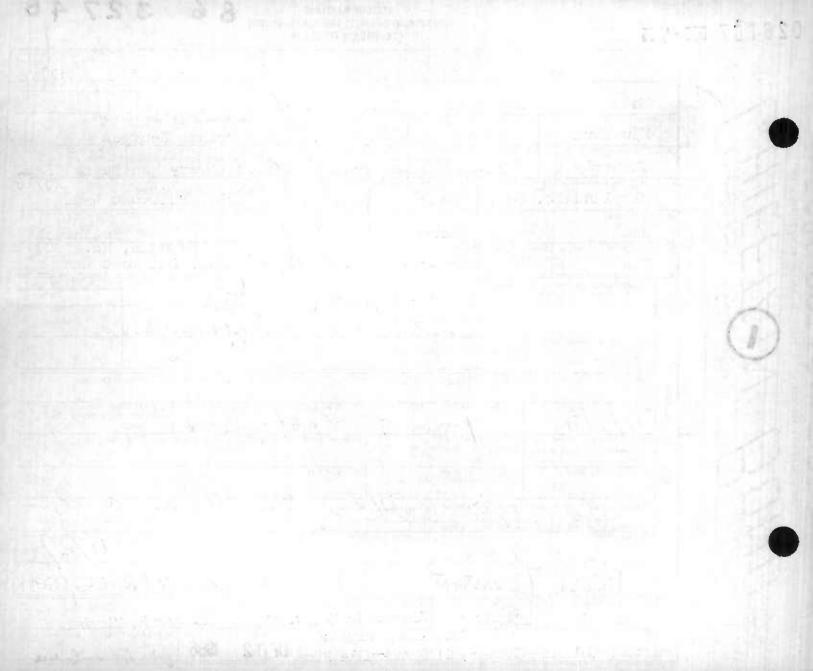
5 UDREGISTRAR		CERTIFICATE OF D	REG. NO.	
I DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
Fred.	erick A.	13995	11	- 19 - 96 10.55 AM
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
Male	White	12" 6"	28 <sup>EAR</sup> 57	YRS. HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	BALTIMORE CITY OR CO	
West Virginia	US	MARRIED NEVER M	ORCED   Prince George	e County MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTI		126 KIND OF BUSINESS OR
Cheverly	Prince George S	General Hosp	ital railroad bra	keman private
Maryland Pri		WN 136 INSIDE CIT	Y LIMITS? 13 STREET ADDRESS / ZIP	CODE Landover 20785
4. FATHER'S NAME			MAIDEN NAME	
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160 WAS DECEASED EVER IN U.S. AF				
YES NO OR UNKNOWN) (IF YAS 6	47-1950 235-44-	0599   Lula J	. Biggs same as #13	
18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), o	nd (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (0)	um orrhu	ge Cerebrovarne	ax Zallys
	DUE TO, OR AS A CONSEQ	JENCE OF	all	Club
Conditions, if ony, which	( (b)			
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	JENCE OF		
underlying couse lost.	(c)			
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	quecure, 1.	neumoni	a, ruer que vy	1e/couc
198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
E CONTROL OF THE CONT	216. TIME OF INJURY	121, 11014/111	YES NO	YES NO
OR CONTRIBUTING CAUSE OF DE	LIGUE A M. MONITH		URY OCCURRED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2}
(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19		
21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATIO STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		11/1 2/0/	11/13	
	ital) attended the deceased from		our) apinion death occurred on the date ar	nd how and from the saver stated
obove (IV (we) (dig) (did no 22b. SIGNATURE	) view the body after death.	DEGREE	sory opinion deom occurred on the dole dr	
	anitoon	A	TENDING MEDICAL STAFF	22c. DATE SIGNED
			HYSICIAN DIRECTOR PHYSICIAN	1/20/16
Dar	auite mi	> 1.65	anter way	sepubelt or
				,
230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR C		Prince No orge Md

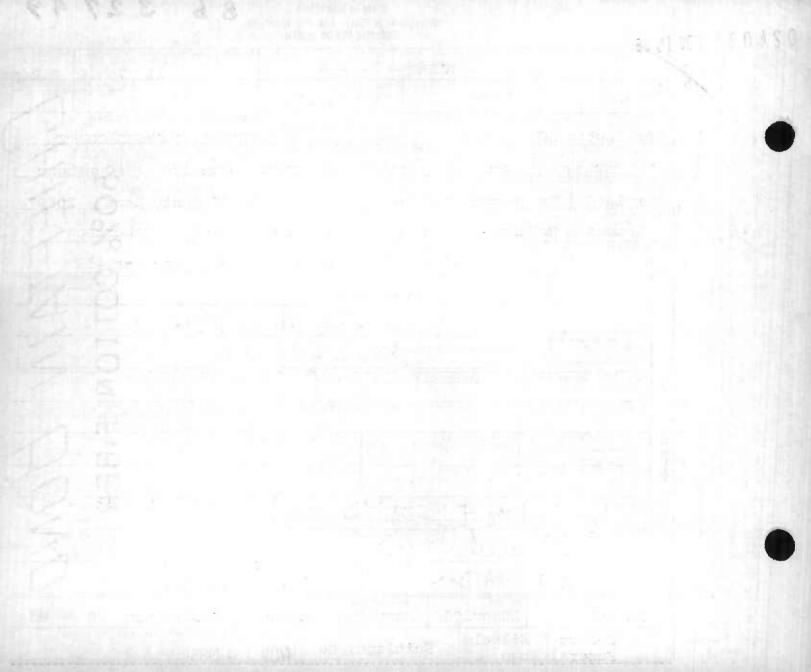
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"DUNEALD" FOR Borgwardt 4400 Powder Mill Rd. Beltsville Md 20705

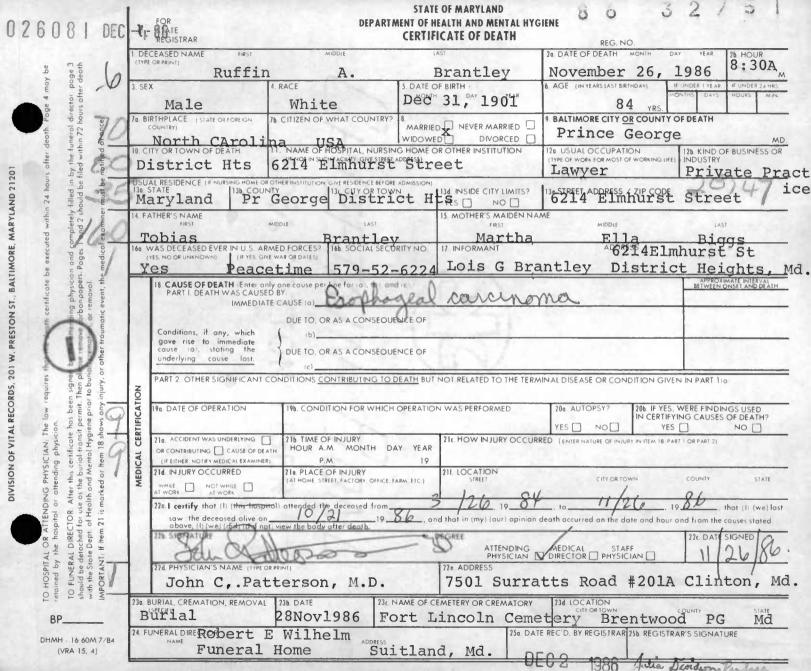
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0 2 0		P. DEC	EASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEA	тиом НТ	TH DAY	YEAR 26 HC	OUR
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ctor. po			Female.	White.		5. DATE OF BIR	1903 1903	6. AGE (IN YEARS)		MONTHS		DER 24 HRS
	eoth. Pog nerol dire		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED W	NEVER MARRIED DIVORCED	Prince G	-			MD.
10.	by the fu	1	Jaurel.	Greater		ADDRESS) Beltsvil	herinstitution le Hospita	1 Secret			KIND OF BUSI PUSTRY red.	NESSOR
BALTIMORE, MARYLAND 2120	1135	THE S	LERESIDENCE (IF NURSING HON	G. CO.	Lanham	YES	NSIDE CITY LIMITS?	138 SPEET ADD	ress / zip	cope urn C	court.	706
MARYL	(3)60		THER'S NAME AMES A. Ros	S MIDDLE	LAST	Id. A	AOTHER'S MAIDEN N BIRST	McGa	rvey		tAS3	
IMORE,	VI		VAS DECEASED EVER IN U.S.	. ARMED FORCES? S. GIVE WAR OR DATES!	210-20-		Carl O.		( 1			
, 201 W. PRESTON ST.,	quires that the death certificating by signed by the attending physishen please remove carban paper to burial, cremation, or removaliury, or other troumatic event, in	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, C	DR AS A CONSEQUE	NCE OF BLE	Concer of	BLE OF	CONDITIC		APPROXIMATE IN: BETWEEN ONSET AT	ND DEATH
DIVISION OF VITAL RECORDS	he low re on. hos been t permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY	? 206 IN	LIF YES, WER CERTIFYING YES [	RE FINDINGS US CAUSES OF DE NO	ATH?
OF VITA	ding physicio ding physicio is certificate buriol-tronsit Mentol Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAL	F DEATH HOUR A	DE INJURY M. MONTH DA M.	AY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN I	TEM 18, PART I O	RPART 2)	
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	ATTENDIP ospitol or ECTOR: A d for use t of Heolt m 21 is mo		22e I certify that (I) (this h sow the deceased aliv above, (I) (we) (did) (di	e on	17 19	JC, and the	et in (my) (our) opinion	to	the dote a			
	FRAL DIRE		226 SIGNATURE  1 1 224 PHYSICIAN'S NAME (1)	11 4	to tu	_ M.	ATTENDING	MEDICAL DIRECTOR   P	STAFF		11.18-	86
	O HOSPITAL efoined by to FUNERAL should be detained the Stote (MPORTANT:		nr Jal	al	Fatem	1 5	632 An	1.11-3	Rd #		Mod 20 SLAden	shur 6
	BP	1	Burial,	VAL 236. DATE			on Pres.	dem : W	rthi			astate
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STATE OF MARYLAND



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director, page 3 nours ofter death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGIOTRAR							REG. NO.		
	CEASED NAME	FIRST		MIDDLE	L	AST		2a DATE OF DEATH MONTH	DAY YEAR	26. HOUR 10
(TYP)	E OR PRINT)			_		12:00	0.0		100	0-
	1JU	relle		7		Brow	on	110	2106	O AM
3. SE			4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
			1	- 1	MONTH		YEAR #	0	MONTHS DAYS	HOURS MIN.
	MALE	16 % 101	WY	1146	8	22	14	72. YRS.		
Za BI	IRTHPLACE I STATE OR FE	ORCIGNIA	76 CITIZEN OF	WHAT COUNT	TOV2 8			+	V OF DEATH	
		OREIGN"			AAADDIEI	XX NEVER A	A PPIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
V	irginia		United	States	2			Prince Georges	3	
			-		WIDOWE		ORCED			MD.
10 C	ITY OR TOWN OF DEA	TH	. NAME OF	HOSPITAL, NI	JRSING HOME C	ROTHER INST	NOITUTI	12a. USUAL OCCUPATION	126. KIND C	OF BUSINESS OR
F	orestville		Recenc	HEACILITY, GIVE	ing Home	TO PERSONAL PROPERTY.		COLONE T	INDUSTRY	1 rmsz
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บรบ.	AL RESIDENCE (IF NURSI	ING OME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					
130. 3	STATE	COIIN	TY	ROCK	IOWN	13d INSIDE C	ITY LIMITS?	13-727 WITSON ZA COD	F	20850
ĪΛ	laryland	Mon	tgomery	ROCK	ville	YEST	NO [	/2/ WIISON Aver	lue	20050
NA FA	ATHER'S NAME					15 MOTHER'S	MAIDEN NA	AAE		
			AIDDLE	LASI				LUDDII.	1.44	c ¥
	Hume				Brown		Lena	Ta	avener	31
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	PART 2 OTHER SIGN	HEICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUR	OT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 10	0. /
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5	U.V	1/11	0	Lep	offe	my	ares	ns		
⋖	190 DATE OF OPERAT	ION	196 CONDI	TION HOR WI	HICH OPERATIO	WAS PERFO	EMED	70n AUTOPSY3 20b. IF YE	S, WERE FINDIN	NGS USED
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E								YES NO Y	ES 🗌	NO []
CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING T	21b. TIME O	FINJURY		Zir HOW IN	URY OCCURR	RED. (ENTER NATURE OF HUURY PLOTEN TE.	PART I OR PART 21	
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	saw the decesse above, (II we) (d	id Hatel not	view the body	ofter death.		7,6			ond from the	couses stored
	224 STIGNATURE	//	/	111-	7 [	DEGREE			22c DATE	SIGNED
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6	22d PHYSICIAN'S NA	ME (TYPE OF	PRINT)		2	22e. ADDRESS	5		1	1
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BP DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please, with the State Dept of Health and Mental Hygene prior to buriol, city

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MPORTANT: If them 21 is morked or them 18 shaws

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74 FUNERAL DIRECTOR I Ves-Pearson Funeral Homes Falls Church, Va. 22046

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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0.25772 15-316 Section of the Section States

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO POECEASED NAME 20 DATE KNOWN MONTH DAY YEAR (TYPE OR PRINT OF Billy Sylvester DEATH MATED Brown 129 86 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE ST BIRTHDAY PRONOUNCED 195 2 AM Male Black. MAY 29 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States WIDOWED DIVORCED Prince George's County 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Reproduction Tech. Prince George's General Hospital private Cheverly ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13d INSIDE CITY LIMITS? 8102 Dogwood Lane YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Claude Ward Melothy Bosher 166. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** (YES, NO, OR UNKNOWN) 214 72 2740 Melothy Brown-mother-8102 Dogwood Ln no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19c. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING [] CAUSE OF DEATH 12:40xx 11 12 19 86 priver in auto/tractor trailer impact 218 PLACE OF INJURY (AT HOME, 3 St 21d INJURY OCCURRED 211 LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) Marlboro Pike & Orleans Ave, Forestville, PG, MD. road EXECUTE INC.

PAGE 4 SHOULD BE FORTH
TO FUNERAL LORECTOR: PA
TO FUNERAL HIEST
AFTER DEATH, WITH THE ST
ARTICLOSE, MERRYDAND 2 220. I certify that I taak charge of the remains described above, held an X death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/12/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 11/17/86 Harmony Memorial Park Landover. Maryland 07/84 BP 25M 24. FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ALEXANDER S. POPE-2617 Pa Ave SE Wash. D.C. (VR A15 ME (5)) Swidson Pa

24538	1.	FOR 1986			DEPAR		E OF MARYL		GIENE 8	0	3 2	1	3 3
775 50	1.	- STATE REGISTRAR				CERTI	ICATE OF	DEATH		REG. NO.			
		CEASED NAME	FIRST		MIDDIE		LAST		20 DATE OF	DEATH MONTH	d DAY YE	EAR 2b. H	HOUR
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pog progen	3. SE	X	1.17-/1	4. RACE		5. DATE	OF BIRTH		6. AGE IN YE	ARS LAST BIRTHDAY)	IF UNDER I		NDER 24 HRS
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tru de		ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURS	ING HOME			12a USUAL C	CCUPATION	12b. KI	IND OF BUS	INESS OR
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cute cont		WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMA		343	ADDRESS 5	354 QUI	INCY F	LACE
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the discussion.  The this certificate has been signed by the output of the buriol-transit permit. Then please remaining the buriol-transit permit. Then please remaining the buriol-transit permit. Then please remaining the please of the buriol-transit permit is the please of the please remaining the please of the plea		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	113-01-	5691	HUBER'	T R. WA	LTERS -	-	YATTSVI		MD
e be	F	18 CAUSE OF DEATH PART I. DEATH W	4 15 -4									PPROXIMATE II	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificationed by the haspital or attending physician. TO FUNEXL DIRECTOR: After this certificate has been signed by the attended should be detached for use as the burial-transit permit. Then please remainments with the Store Degrit of Health and Mental Hygiens prior to burial, cremating IMMORTANT: If them 21 is marked or then 18 shows any injury, an other training	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse  PART 2. OTHER SIGN  D. Mali G.  190. DATE OF OPERAT  ACCIDENT WAS UND OR CONTRIBUTING.  210. ACCIDENT WAS UND OR CONTRIBUTING.  211. INJURY OCCURR  WMILE NOTW ALL WOS  220. I certify that (I)  sow the decesse obove, (I) (we) to  220. SIGNATURE	JIFICANT CONTROL OF THE CONTROL OF T	ONDITIONS COPPLIANTS  19b. COND  19b. COND  21b TIME C  HOUR A  101 Ottended th  11) view the body  12c PLACE  (AI HOME, STI  11) view the body	OF INJURY REEL FACTORY OFFICE  deceased from 19.	DEATH BUTTON OF THE PROPERTY O	NOT RILATED  NOT RILATED  NOT RILATED  PLOCATI  STREE  A direction of the company	DTO THE TERM PORT OF TH	AINAL DISEASE  100 AUTO  YES   RED (ENTER NA)  deoth occurred	el Cerro	IF YES, WERE F LERTIFYING CA YES COUN	INDINGS L LUSES OF D NC RE(2)	STATE  ST
	23a	SHRINI BURIAL, CREMATION, I (SPECIFY)		2 · U D	236		EMETERY OR	CREMATORY	23d LOCA	TION	COUNTY		STATE
BP	24 5	BURIAL UNERAL DIRECTOR		111-07-	86 I	INCOL	N MEMOR			CE GEORG			MD
DHMH - 16 60M 7/84 (VRA 15, 4)	0	yton Funcial		2205 8 4i	VITS TODRESY	21. A.1	isgho, V	4	TE REC'D. BY RE	GISTRAR 25b. RE	GISTRAR'S SIC	NATURE	0.

Elander Control of State of St District Constitution of Street Lessing THE BOX SECTION I CAN STORY AT LESS FOR THE BOX OF THE PROPERTY. 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-DEATH MATED John Bryant 1 1986 4. RACE IF UNDER 1 YR. MONTH 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH VEAD LAST BIRTHDAY) PRONOUNCED B: 30A DEAD 1986 Male White 3 1915 Jan 5 FOR YC To BIRTHPLACE (STATE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Montross, Va. USA WIDOWED DIVORCED Prince George's County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Clinton 5 & Surratts Road Operator Sand & Grave ILIAL RESIDENCE (IF IN NURSIN 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Cedrge Waldorf No D 3513 Norwood Court Marvland 20601 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alberta Beauregard Bryant Bryant 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Oneida L Bryant 579-10-0687 Same as #13 No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 BE USED A NT OF HEA BURIAL, O 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOIL SECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE POLINEAL DIRECTOR; PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARWAND, 21201 PRIOR TO BURIA YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOK OF DEATH 12:22xx11 19 86 Pedestrian struck by auto 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK NEW AT WORK street 5 & Surratts Rd, Clinton, P.G. CO. Autapsy XX 220 I certify that I took charge of the remains described above, held an death resulted from: Natural couses Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11/1/86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Burial BNov1986 Washington National Suitland 07/84 PG Md BP 24 FUNERALDIRECTOR E Wilhelm. RESS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Funeral Home Suitland, Md (VR A15 ME (5))



NOV 28

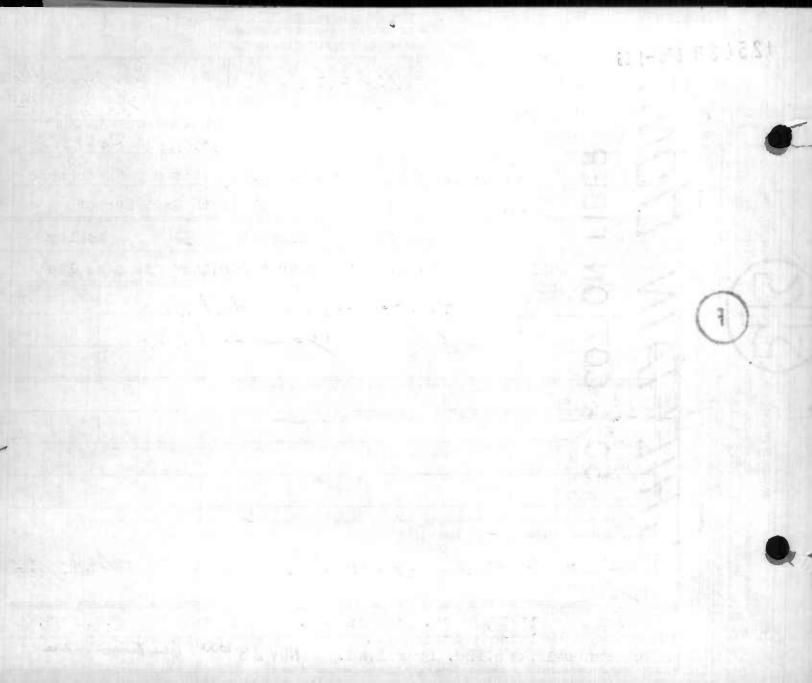
7601 Sandy Spring Rd.

Fleck Funeral Home, Inc. Laurel, Md.

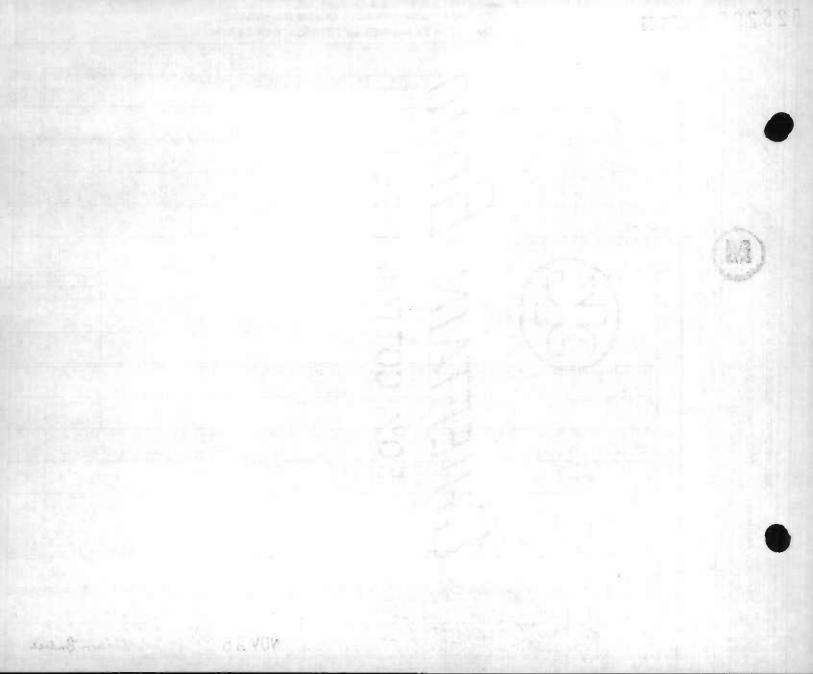
24 FUNERAL DIRECTOR

**DHMH - 17** 

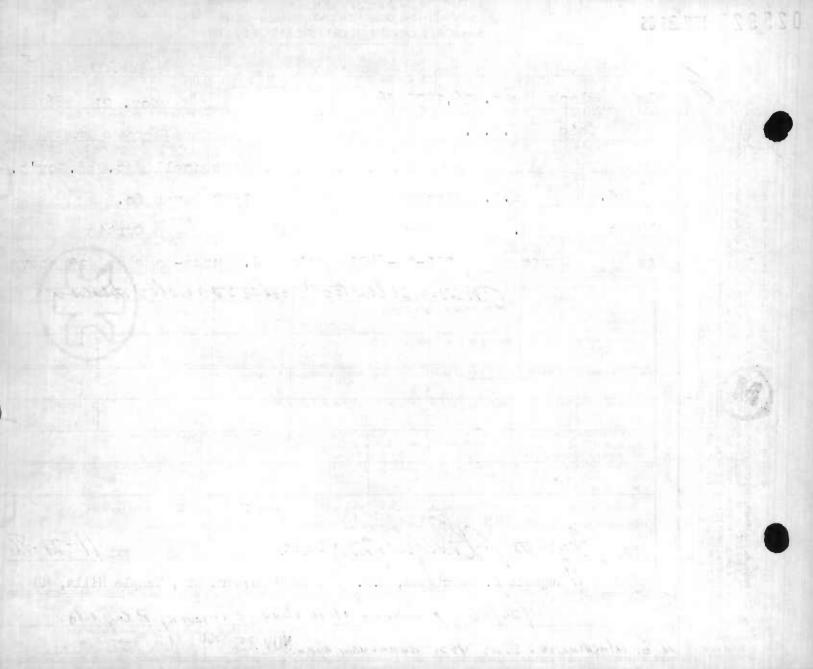
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	REGISTRAR	AE FIRST	WEI	DICAL EXAMIN		ERTIFICATE		REG. NO.		
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ASE LES. URS		Hope I4 RACE				nch	DEATH	MATED 11/	22/19 86	M
AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS COMM. PRESTON STREET,	Female	Black	July DAY	7, YEAR 1967 BIRTH	MONTH		24 HRS. 2t. DATE MIN PRONOUN DE AD	CED 11/	22/19 86 a	
RAIL XAIL	To BIRTHPLACE (	STATE OR	76 CITIZEN OF WH		1.	ED NEVER MARR	P BALTIM	ORE CITY OR COUN		
W. S.	Wash., D	e /	Usa		WIDOW		ED Princ	ce George'	s County,	MD.
LAY IS PAGE 5	10 CITY OR TOWN	OF DEATH		PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION		ATION (TYPE OF WORK	17b. KIND OF BUSINESS OR INDUSTRY	
DELAY N PACT POSE FILE	Clint		Southern	Maryland		tal	Stude	nt'	00000	,
21201 ANY D AND 31 RETAIN HOULD	130 STATE	gton, D.C	TY	136. CITY OR TOWN		T3d. INSIDE (ITY LIMITS? YES NO	130 STREET ADDRE	ss anton Ro	ad.S.E.	
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05.0	T8 CAUSE	OF DEATH (Enter anl	y ane cause per line	far (a), (b), and (c).)					APPROXIMATE INTENAL BETWEEN ONSET AND DEA	E
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W. PRESTON D WITHIN 24 H PENCIL IN ITEM AMINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL	1/1/6	9		AS A CONSEQUENCE	OF	N. N. HOLL	MALE III			
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THE AND THE	THE CATE OF THE CA	FOPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W.	AS PERFORMED?			20 AUTOPSY?	_
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D OFFICES	MHILE AT WORK	NOT WHILE X		padway	Rt		Mornings		Geo. Md.	
ST S				cribed above, held on	Autaps	[27]		and in my c		-
EXAMINER: CERTIFICATE NUID BE FOR I. WIRETOR: MARTHAND	death resul		ol couses ,	NZ	vicide	Homicide .	Undetermined ma		pinian	
EXAM ULD BIREC WARTH	1	100		Accident W21, 3	oicide	TITLE (SPECIFY)	Underermined mo	nner,		
H. V. H.	ACTUAL	1000	MX			Deputy Ch	DEEDICAL EVAL	DATE	IED 11/22/86	
2 E S E S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	/	1	1	To the same		ought of the	EDICAL EXAM	IIVEK SIGIN	ED	-
A SE	EXAMINER'S	NAME INT)	Ann M. D	Dixon, M.D.		ADDRESS 1	11 Penn S	t.		
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOULD FOR EATH OF THE PAGE AS SHOULD FOR EATH OF THE PAGE AS THE	230. BURIAL, CREMA	ATION, REMOVAL I	and the same of th	23c. NAME OF CE			23d. LOCATION		JNTY STATE	=
1 107 14 9 RP 9	Burial	100	lov. RET	-1986_FC	rt L	incoln C	emetery		od, Marylan	nd
25M DHMH - 17	24 FUNERAL DIRE	Holly	T. Slei	ward 1	11	250. DATE	REC'D. BY REGISTRA	R 756 REGISTRAR'S		
(VR A15 ME (5))	Stewart	/funeral	Home-4	001 Benn.	Rd.	, NE. NO	V 25 1300	Joseph De	oidern. Randale	



STATE OF MARYLAND 025325 NOV 25 88 DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 1. DECEASED NAME 2a DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-DEATH MATED Nov. 21, 191986 3:26 David BURKE Lee 6 AGE (IN YEARS | IF UNDER I YR IF UNDER 24 HRS 2d AMUR DATE LAST SIRTHDAY PRONOUNCED Male 26,1930 568S Black Sept. DEAD 76 CITIZEN OF WHAT COUNTRY IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY Ohio U.S.A. WIDOWED [ DIVORCED Prince George's County IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AMI Doctors' Hosp. of Pr. Geo. Co. Personnel Lanham Mgt. Fed. Gov SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. P.G. Lanham Dover FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Albert Burke Hazel Curtis 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES. NO. OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) 272-28-6402 Korea Burke-Same as #19 18 CAUSE OF DEATH (Enter only one cause per for 40), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 101. 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO I 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) SIREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes Homicide Undetermined manner ACTUAL GE 4 SHOU FUNERAL TER DEATH MEDICAL EXAMINER **IEXAMINER'S NAME.** Rodniguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto 0 10 BURIAL CREMATION, REMOVAL 236 DAT MEM. PARIL 2 + MOOVER, 07/84 2586 24 FUNERAL DIRECTOR **DHMH - 17** S. INMSHIMETON + SLES 4925 BUNNESSOM AUF. (VR A15 ME (5))



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 024308 GISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN I (TYPE OR PRINT) OF ESTInes DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 63 DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Indian Head, Md. U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! P.G. County Domestic UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13c. CITY OR TOWN 3d INSIDE CITY LIMITS YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST John Eliza Williams Hawkins Mary 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 7080791st. Ave. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-16-1816 Burton Seat Pleasant. Percy L. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per Ine for (o), (b) and (c) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PEWAR OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES | NO 6 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE INF.
PAGE 4 SHOULD BE FUN.:
TO FUNERAL DIRECTOR: PAGE
AFIER DEATH, WITH THE STATE
AFIER DEATH, WITH THE STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes Accident Hamicide Suicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodriguez, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE 13-86 Harmony Memorial, Cem-Landover, Md 07/B4 24 FUNERAL DIRECTOR MANUE 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH DECEASED NAME 2b. HOUR TYPE DEPEND (N.M.I.) 16 86 5:15P Caldwell 11 Lovey 5 DATE OF BIRTH RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS October 27, 1892 Female Caucasian A BINTHPLACE TE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED [ Prince Georges Co. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Riverdale Leland Memorial Hospital Seamstress Garfinkels SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1136 COUNTY 1137 CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO P.G YES T Hvattsville 6008 44th Avenue 20781 Maryland 15 MOTHER'S MAIDEN NAME IA FATHER'S NAME MIDDLE MIDDLE Alice Schaeffer Eckenroad Issac IN WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) Alice Hardy (Daughter) Same as #13 577-36-9956 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio-pulmonary arrest Sudden DUE TO OR AS A CONSEQUENCE OF MArteriosclerotic cardiovascular disease Unknown Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO [ 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 HILL NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from March 6, 19 68, to November 16, 19 1986, that (I) (we) I saw the deceased alive an November 16, 9 1986, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 1986, that (1) (we) last saw the deceased alive an No abave, (1) (we) (did) (did not be well 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ouwann

22d. PHYSICIAN'S NAME TYPE OF PRINT Carl J. Houmann, M.D.

22e ADDRESS

4404 Queensbury Road Riverdale, Md. 20737

PHYSICIAN DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL 23b DATE Burial 11/19/86 23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

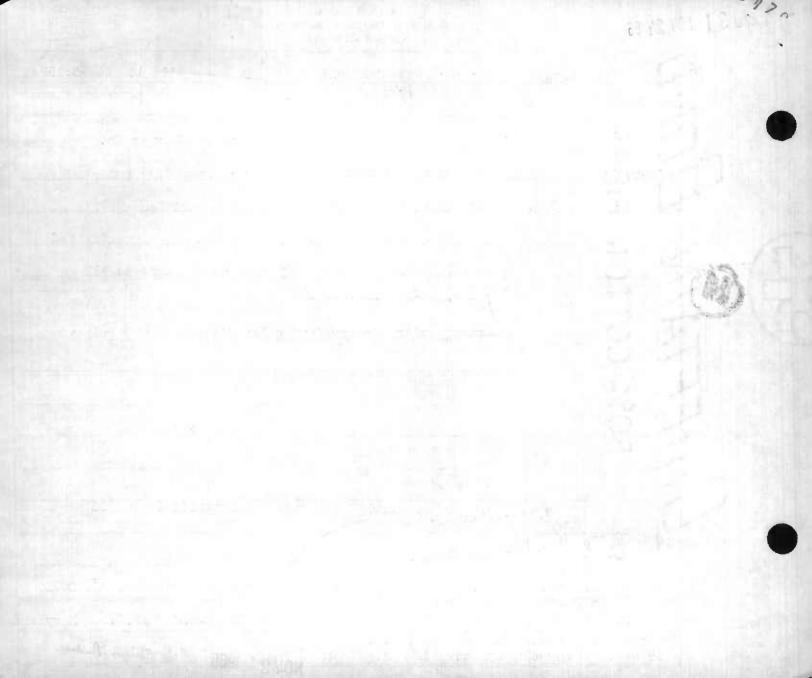
23d LOCATION Brentwood

Maryland

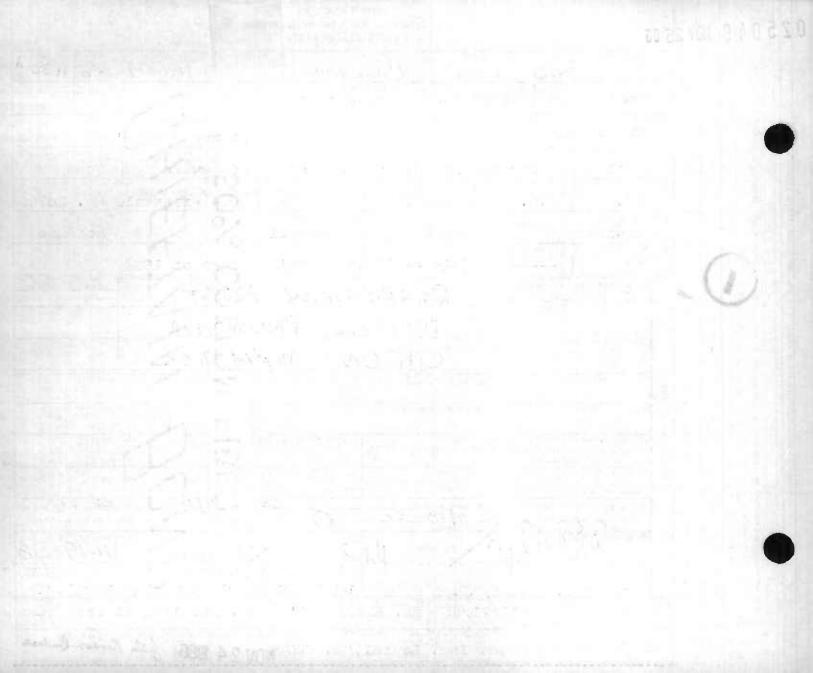
France 18 Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

Alia Divideon Rudus

DHMH - 16 60M 7/84 (VRA 15, 4)



25049 NOV 2	FOR TATE EGISTRAR	DEPARTMENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0 3	2 / 6 4
	1. DECEASED NAME FIRST	MIDDLE	ST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1 74 1	(TYPE OR PRINT) ENID	Ainsa (AL	LAHAN	Nov 19	1986 11 30 A
1 1 2	Female (	caucasian Se	pt.16 1898	8 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
		CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	
3 55 -	E1 Paso, Texas	WIDOWEI	DIVORCED [	Prince George'	
Old the transfer of the transf		NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  CEATER Laurel Nur			IZE KIND OF BUSINESS OR INDUSTRY Home
Transport	USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 13b. COUNTY P.G.		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 9004 Briardale	Ln. 20708
1 10/1/1	14. FATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN NAM		LACT
# 1200	Francis	Ainsa	Roselle	WIDDLE	McNamee
IMORE /	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN)  NO  (IF YES, GIVE W		Ann Harris	same as 13e	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E		NTORY	ARPEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TW. PRESTON in the death ce that the attending one remove carbon and it are traumated or a their traumated.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		EVMON, A PIRATZON	
ORDS, 20 requires. Then plant or to burit	NO N	nditions <u>contributing to death</u> but i	NOT RELATED TO THE TERM		
DIVISION OF VITAL RECORDS  ING PHYSICIAN. The low-requirant this certificate has been signs the burnel-training permit. The low and Mental Hyghene prior to a cheel or here. If shows any visit the confidence or here. If shows any visit is a cheel or here. If shows any visit is a cheel or here.	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		YES NO YES	J - W
SICIAN SICIAN CONTROL PARTIES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM 18 PART	ORPART 2)
MVISION orthoritis or the bis or the bis or the bis or the bis	(IF EITHER NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OTENDA ATTENDA A TTOR A OT MAN	22a.1 certify that (1) (this haspital saw the deceased glive on above, (1) lives (did) did non v		that in (my) (our) apinion of	death occurred on the date and hour on	d from the couses stated
AL OR A DREE Sets Charles Char	226. SIGNATU		ATTENDING		11-19-86
OSPIT ed by the State	278. PHYSICIAN'S NAME (TYPE OR PE	RHSI	/	776-0070	20707
Service Of the Servic	Gregory A. Com	pton, M.D.		aurel Park Drive,	Laurel, MD
BP	230 BURIAL CREMATION, REMOVAL (SPECIF BUTIAL	23 DAT 21/86 Ft. BI	METERY OR CREMATORY C	em of tow Bliss Ed	
DHMH - 16 60M 7/84 (VRA 15, 4)	Fleck Funeral I	l Sandy Spring Ro. Home, Inc <sup></sup> Laurel	,Md. 2070	REC'D. BY REGISTRAR 256. REGISTRAF	SSIGNATURE



STATE OF MARYLAND 024095 NOV 418 STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEASED NAME 20. DATE OF DEATH 2b. HOUR DEFENT RED 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR Male Caucasian April 1911 TE BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED ON NEVER MARRIED EORGE U.S.A. Georgia DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Heavy Equip. Oper. Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Prince George Temple Hills 20748 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland 4100 Holly Tree Rd. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE George Calvert Georgia Turner ADDRESS 4100 Holly Tree Rd. rt Temple Hills, Md. 16b SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 577-10-6693 Antoinette V. Calvert APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ACUTE CARDIOPULMONARY ARREST HRS. IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF RUPTURED AORTIC ANEURYSM HOURS. Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. HOURS. ACUTE MYOCARDIAL INFARCTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SHOCK ANDCOAGULOPATHIES DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (CONSCE) attended the deceased from Nov 70 198619 . to Nov 11 1986 saw the deceased alive an\_ and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (36) (36) (did nat) visitally body exter death. 22b. SIGNATURI DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Nov. 12 1986 22d. PHYSICIAN'S NAME (TYPE OF PRIN 7900 OLD BRANCH AVE. SUITE 101 22e ADDRESS CLINTON, MARYLAND 20735 PETER W. YIM M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 11/14/86 Ft. Lincoln Cemeterv Brentwood Maryland 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. DHMH - 16 60M 7/84 George P. Kalas Funeral Home (VRA 15, 4) Oxon Hill. Md.

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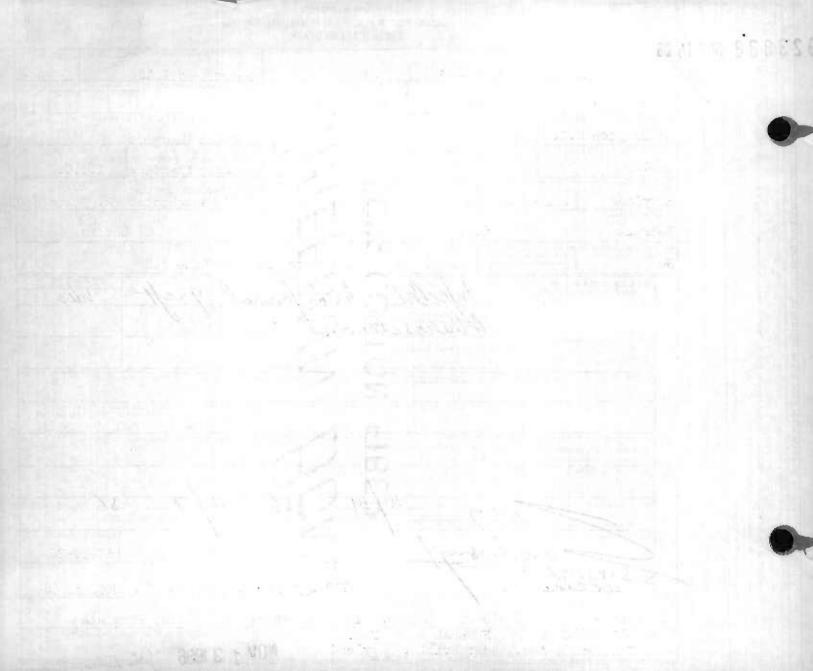
ir. John S. Bogare, M. s. 1919 Eminuty Fond Silver Spring, M.

Burdel 10V 17,1986 Nuryland Naterals Sun. Sh Kanken, In. George's, Ville 3, Ville 3,

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		CEASED NAME	/	ME X	MIDDLE	0		LAST		2a. DAT	E KNOWN ESTI-	MONTH	DAY YEAR	2b. HOUR
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ARY, PLE TOWERS HIS TOWERS HIS TOWERS HIS	1	Tale	White	5. DATE OF BIRTH MONTH DAY  6-30	+ 35	6. AGE (INTE) LAST BIRTHD/ 51	ARS IF UN AY) MONTH	DER 1 YR.	HOURS A	PRONC DE	AD L	11-8	198	L796
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2 H 0 H 2 7 //		ity or town o Chever	ly	II. NAME OF HOS	LOLL	REET ADDYESS)	resel,	RINSTITUT	7-1	FOR MOST OF V	VORKING LIFE)		OR INDU	STRY
IF ANY DELA AND 3 TO RETAIN PR SHOULD BE SHOULD BE LIPECORDS.	13a S M	arylan	13b. COUN	OR OTHER INSTITUTION, G TY GEORGE	13c. CITY	OR TOWN Hts	ON)	13d INSIDE CIT		3e STREET ADD		Road	#101	
4 50 × 5 × 5 × 5	14. F/	ATHER'S NAME FIRST Vito		WIDDLE	CAND	AST ORE		EIF	R'S MAIDEN RST Ceola	NAME	MIDDLE	Kid	well	-
TIMORI TER DE FORM FORM TON OF			EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURIT	Y NO.	17 INFORM			ADDRE		WOLL	
R. SALTIMORE S. GIVEN DEA WITH FORM F F. PAGES 1 AN DIVISION OF		No	WN) (IF 1ES, GIVE	WAR OR DATES)	577-	-36-30	049	Marj	orie	Cando	re	Same	as #	13
L RECORDS, 201 W, PRESTON ST., ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG V ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, E Mt, CREMATION, OR REMOVAL.		Condition gave ris cause (a) lying caus		TE CAUSE (DUE TO OF	AS A CON	SEQUENCE (	OF OF			sculer	desi	eless.		
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HOULD HOULD WED WE NEED WORLD OF HEL	CERTIFICATION	190 DATE OF	OPERATION	196 CONDI	TION FOR V	VHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOP	
NOF V NOF V CATES THE WOULD BE WILD BE TIMENT	AL CERI	210 EXTERNA	A		MONTH	DAY YEAR		OW INJURY	OCCURRED	(ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART	T 2)	3
DIVISION OF VITAL RECORDS, ETHIS CERTIFICATE SHOULD BE EXECTE, WAITING THE WORD "PENDING". RWARDED TO THE CHIEF MEDICAL IS PAGE 3 SHOULD BE USED AS A BUY. STATE DEPARTMENT OF HEALTH AND DEPARTMENT.	MEDICAL	214 INJURY O	CCURRED	21e. PLACE	OF INJURY TORY, FARM, ET			CATION		CITY OF	TOWN	СОЛ	NIA	STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST		270   Certification	d from Natur	ge of the remains de rai causes	Accident	. su		Homici TITLE (SF	PECIFY)	Undetermined  MEDICAL EX	manner	DATE	#111a	8-86 MD
PA TO PEED	(	SPECIFY)	ION, REMOVAL 2	36 DATE	23c. N	AME OF CE	METERY O	R CREMATO	RY	23d LOCATIO	N	COUNT		STATE
07/84 BP	24 F	Burial UNERAL DIRECT NAME POR	TOP	SNov 19		ort 1		oln 12	250 DATE RE	Bren	TWOOD RE	GISTRAR'S SI		<u>Id</u>
DHMH - 17 (VR A15 ME (5))		PAR FUR	Eral <sup>r</sup> H0	ilhelm RES	Suitl	and,	Md.			- 190(	July	ia s		
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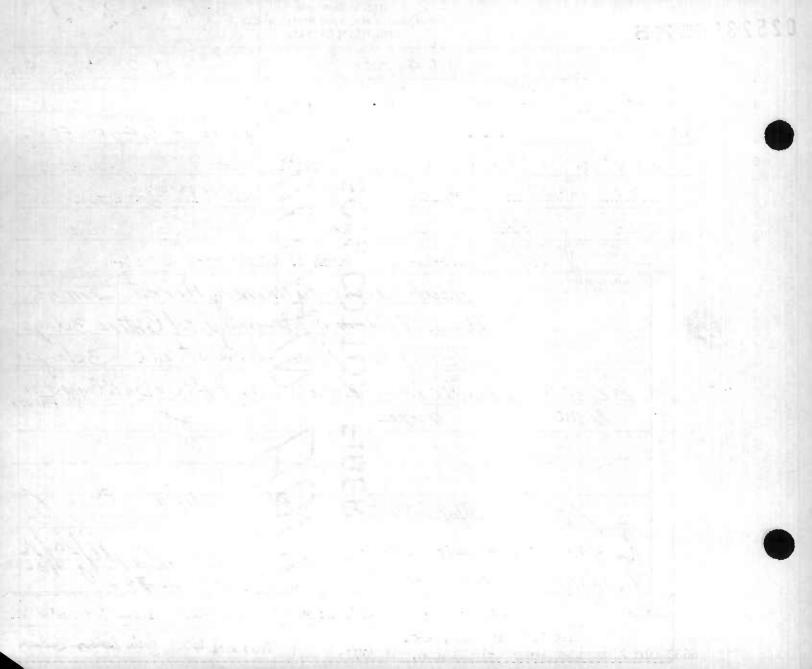
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23838 NUV 14	I DUCE ASED NAME	FIRST	MID	DIE	ŁA:	51	20. DATE OF DEATH		EAR 2b. HOUR
2 20 0/	(TYPE OR PRINT)	James	Igna	tius	CA	RR	November 7	1986	8:36P M
£ 85	3. SEX		RACE		5. DATE OF	BIRTH	November 7	THDAY) IF UNDER	YEAR IF UNDER 24 HRS
4 000	Male	Ca	aucasia	n	May 6	, 1909 YEAR	77	YRS.	DAYS HOURS MIN.
2 43/10	To. BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF WH	HAT COUNTRY?	8		9 BALTIMORE CITY O		тн
# 1F/5/	Washington	D.C. T	J.S.A.		WIDOWED	NEVER MARRIED DIVORCED	Prince Ge	orge's	MD
1 100	10. CITY OR TOWN OF DE		NAME OF HO	SPITAL, NURSIN	G HOME OF	OTHER INSTITUTION	120. USUAL OCCUPATI	ION 126. KI	IND OF BUSINESS OR
5 5 5055	Lanham	I	Octors	Hospita	1		Hearing Ex		I.C.C.
bour be f	USUAL RESIDENCE (IF NUI	136 COUNTY		VE RESIDENCE BEFORE		3d INSIDE CITY LIMITS?	13e STREET ADDRESS		20740
AND 24	Maryland			e Colleg					. Drive #502
RYLA arthin	14 FATHER'S NAME	MIDE	015	LAST	100	5. MOTHER'S MAIDEN NA			
MAR wed we	Patrick	MIDE	Car		100	Sarah FIRST	WIDDLE	Cur	tin
SRE, xecut xecut and co ges 1	160 WAS DECEASED EVE	R IN U.S. ARMEL		SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	ESS	
BALTIMORE, MARYLAND iote be executed within 24 systeion and campletely fille ppers. Pages 1 and 2 should val. it, the medical example	NO (YES, NO OR (INKNOWN)	(IF YES, GIVE W)	AR OR DATES	223-60-6	411	Alma Carr, S	ame as Line	#13	
W. PRESTON ST., of the death certific by the attending ph se remove corbang ceremotion, or remo tremotion, or remo	Conditions, if on gove rise to in cause (a), stat underlying caus	y, which imediate ing the e lost.	DUE TO, OR A	ME CONSEQUE		Aoto fen	INAL DISEASE OR CON	aff	hules
AI RECOR	190 DATE OF OPER.	ATION	196 CONDITK	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED
NG PHYSICIAN: The low requires th ottending physicion.  The this certificate has been signed to so the buriol-transit permit. Then plea th and Mental Hygiene prior to buriol arked or Item 18 show only injury, or a	OR CONTROLLITATE	CAUSE OF DEATH	P.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE			
IVISION OF PHY offer this ter this sthe bu	(IF EITHER NOTIFY MEI  21d IN JURY OCCUI  WHILE NOT V AT WORK AT WORK	VHILE [	21e. PLACE OF	INJURY I, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN COUN	STATE
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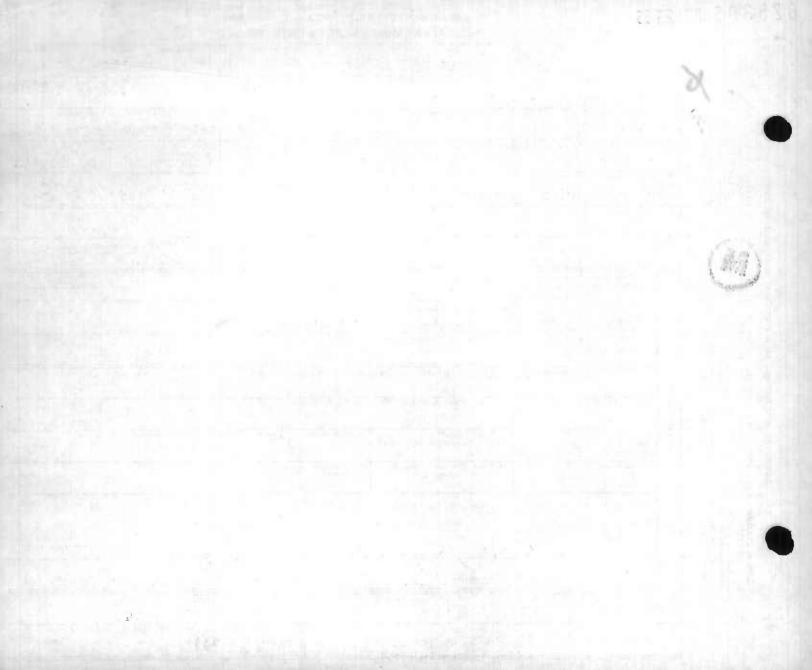
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		3. SE)	4.	RACE	5. DATE OF BIRTH	6. AGE (IN Y			24 HRS. 2c. DATE MIN PRONOUNCE	MONTH	DAY YEAR 21 HOUR 2:03
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1 2 3	OF A STAND	23o.B	JRIAL, CREMATIC	N, REMOVAL 2	3b. DATE	23c. NAME OF CE			23d. LOCATION CITY OF TOWN	cc	DUNTY STATE
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025305 NOV 25 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Thomas Edwin Chalmers DEATH MATED 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1.86 Male White Apr. 18, 1920 66 DEAD BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH OREIGN COUNTRY) MARRIED NEVER MARRIED USA Prince George's County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HAL OCCUPATION STYPE OF WORK Inspector 9276 Adelphi Road, #204 Fed.Gov't. Adelphi 9276 Adelphi Road, 13d. INSIDE CITY LIMITS? Maryland Prince George's Adelphi A FATHER'S NAME IS MOTHER'S MAIDEN NAME Calhoun Chalmers Alice Kelly 7015 Woodthrush Drive Lanham, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Yes WWIT 245 16 0001 Diane Faulk (Daughter) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH W. PRESTON ST IMMEDIATE CAUSE (0) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) chronic myocardial disease. gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ID THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 10 CERTIFICATION None 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 23 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM, ETC.1 COUNTY STATE TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX.
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Notural couses Undetermined monner TITLE (SPECIFY) Deputy 11/24/86 SIGNATUR 1919 Seminary Road EXAMINER'S NAME John S. Rogers, ADDRESS Silver Spring, Montgomery County, MD 23g BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Removal COUNTY 11/26/86 Walhalla, S.C. 07/84 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Himes/Rinaldi 11800 New Hamp. Ave. N. drono Pond (VR A15 ME (5)) Silver Spring, Md.



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST I DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS 86 CICALA JOSEPH Francis 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MALE WHITE August 9, 1926 60 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Berklev West Va. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY U.S. Govt. Carpenter DENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Temple Hill 3710 Crystal Lane 20748 Maryland P.G. YES X NO IS MOTHER'S MAIDEN NAME MIDDLE Michael Cicala Josephine Mazazzu 16b SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 579-20-9817 Margaret Cicala Same as 13 A-E Unk. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEAD BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. a 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERALIS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 2 In ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the dady ofter death 226. SIGNATURE DEGREE 22c. DAVE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TTYPE OR PRINT 22e ADDRESS Stephen T. Ong, M D., M. P. H. 6357 Oxon Hill Road. Oxon Hill Md. 20745 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial. 11/08/86 Resurrection Cemetery Clinton Prince George's Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FUNERAL old be deta

Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd. Clinton, Md 20735 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE we deviden. Kandalk

1 6 7 DEC -5	BSV	STATE REGISTRAR EASED NAME OR PRINT)	FIRST	MEI	DICAL EXAMINE	R'S CERTIFICATE (  LAST  LIFUNDER ) YR. IIF UNDE	20. DATE KI	REG. NO. NOWN MONTH	DAY YEAR 26. HO
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHINAZ HOURS	70. BI	RTHPLACE (STATE OR REIGN COUNTRY)  Italy	Inte Ap	ril 4	1909 77/RS.		PRONOUNC DEAD  9. BALTIMO	11-0	·····
PAGE		Lanham	ATH I	NOT IN SPEN FA	PITAL NURSING HOME, C CILITY GUESTREET ADDRESS! VE RESIDENCE LY ORE ADMISSION	of P.G. Co	12a USUAL OCCUPA FOR MOST OF WORKI	ATION TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY Pepco
MD. 21201 H. IF ANY DE T. 2, AND 31 T. 3, RETAIN T. 4, RETAIN T. 5, RE	13a. S	Md.	1136 COUNTY	.G.	Greenbel	t 13d. INSIDE CITY LIMITS? YES X NO		search	Rd. 0770
BALTIMORE, ME S AFTER DEATH. GIVE PAGES 1. TITH FORM PM 3 PAGES 1 AND 2 VISION OFWITA	16a V	Agatino VAS DECEASED EVER s, NO, OR UNKNOWN)	MIDD R IN U.S. ARMED F	ORCES?	Ciatto  16b. SOCIAL SECURITY N	Anunzi NO. 17 INFORMANT	MID	ADDRESS	Spadero
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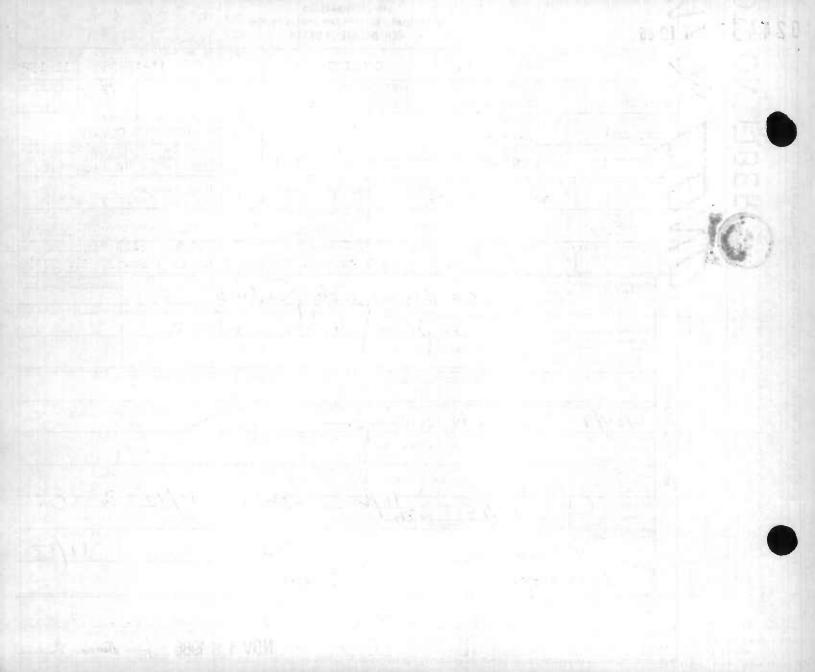
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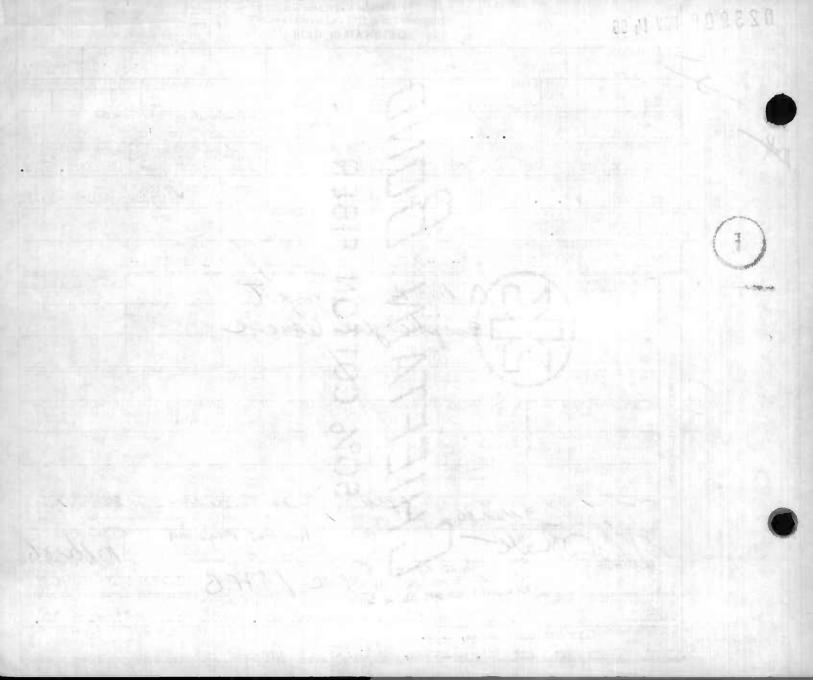
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN MONTH DAY 26 HOUR ESTI-Armida Colicchio DEATH MATED 11-9-86 19 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 2d HOUR DATE PRONOUNCED Caucasian April 26, 1905 81<sub>YRS</sub> Female 6:50P 11-9-86 19 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Sao Paulo, Brazil MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker Home Greater laurel Nursing Hm. Laurel ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE P. G. Oxon Hill 13d INSIDE CITY LIMITS? 1313 Southern Ave Maryland YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lemucchi Geo. Anna Maria 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS 3101 Crafford Dr. 214-30-2431 No Vincent Colicchio Ft. Wash. Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BE USED AS A BUR ENT OF HEALTH AND BURIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remain described above, held an death resulted from: Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 11-11-86 Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 PennStreet (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Lee's Crematory Clinton Cremation Prince George's Md. 11/13/86 07/B4 25M 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 6633 Old Alexander Ferry Rd. Clinton, Md 20735

STATE OF MARYLAND







0.05.5	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE &	REG. NO.	3 2	185
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oe 3 eoth	11.46		ed	A	rthur	C	OOLEY	Nove	mber 23,	1986	3:00 P <sub>M</sub>
may Fer d	3. SE.			4. RACE		5. DATE (		6. AGE (IN	YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS
ge 4		Male	10	Caucas	ian	Febr	uary 9, 1925	61		YRS:	ATS HOURS MIN.
Podice Pod		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED			UNTY OF DEAT	
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4ND 212	13a. S	AL RESIDENCE (IF NURS STATE Aryland	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Bowie		13d. INSIDE CITY LIMITS? YES X NO		ADDRESS / ZIP	code T-2	
TA SWITT	14 FA	THER'S NAME	1000	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE	1.	IAST
AM B 98/41		Clifton		Α.	Cooley		Marion		W.	Bar	rus
MORE, n ond co Poges		VAS DECEASED EVER	(IF YES, GIV	E WAR OR DATES	166 SOCIAL SECU		17. INFORMANT				n Lane T-22
rs. Pe		YES		II	579-24-		Dorothy B. C	ooley	Bowie,		PROXIMATE INTERVAL
b) W. PRESTON ST., B that the death certifica d by the attending phys ease remove carbon pay ial, cremation, ar remarv or ather traumatic event,		PART I. DE ATH W  Conditions, if ony, gove rise to imm couse (o1, stotin underlying cause	which ediate g the	D BY:  IE CAUSE (o)  DUE TO, OI  (b)  DUE TO, OI  (c)		wk.					
orto bur porto pur ta bur porto bur ta bur vinjury, o	NOI	PART 2 OTHER SIGN					NOT RELATED TO THE TERM				
he law rion. hos been the permit. in hos been the permit.	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY? 20b	IF YES, WERE FII CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
SICIAN: T ng physici certificate uriol-tronsi tem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER N	HATURE OF INJURY IN I	TEM 18 PART 1 OR PAR	1 2)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. ther this certificate has been sig os the buriol-transit permit. Ther th and Mental Hygiene prior to k arked or them 18 share, any injur	MEDICAL	214 INJURY OCCURR		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATION STREET		CITY OR TOWN	COUNT	Y STATE
TTENDIN spitol ar CTOR: Af far use of Health		220.1 certify that (1) saw the decease above, (1) (wa) (e	d olive on	- No	vestles 19		nd that in (my) (aux) opinion	death occurr		nd hour and from	
AL OR A the hos AL DIREC detached ore Dept. IT: If Hem		22b. SIGNATURE	il a	1	tchur	, M	DEGREE  ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		ATE SIGNED
d by	1	22d. PHYSICIAN'S NA	ME (TYPE C	PRINT)			22e ADDRESS				
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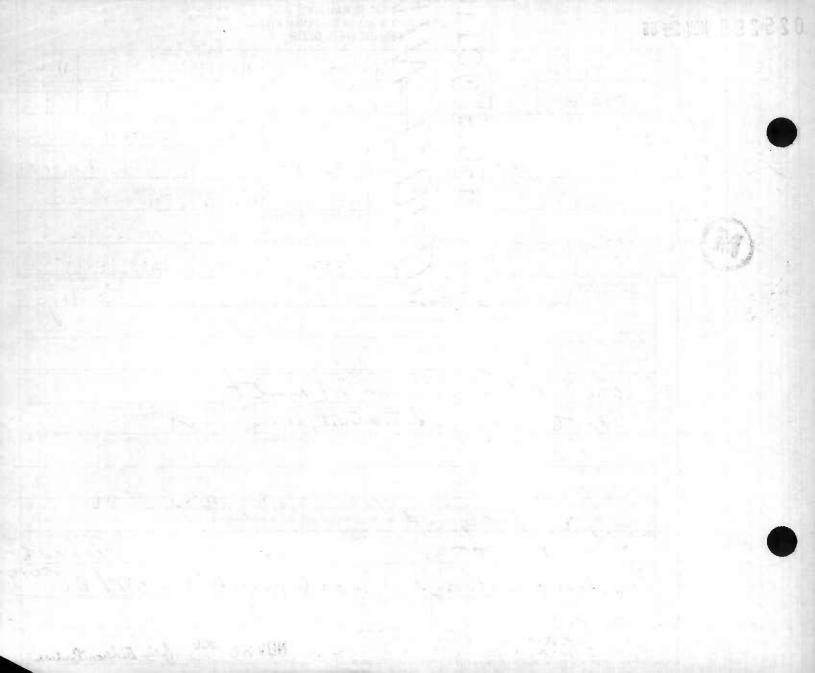
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Bund a. Bretcher n.o.

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No berm	CERTIFICATION			178. COND	TOTAL OR WING	OI EKATIO	TO ASTERIOR MED			IN CERTIF	YING CAUSES	OF DEATH?
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ter be be		226 SIGNATURE		1	^		DEGREE				22c. DATE	SIGNED
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JUG DHMH 16 60M 7/84	1	NAME			ADDRESS		4	UEU	U 4" 1986" A	Julia D	ARS SIGNA	UKE ALL
(VRA 15, 4)		State Ana	tomy	Board	Baltuir	ore 1	1d	-/-				

STATE OF MARYLAND 025296 NOV 25 85 ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1 DECEASED NAME. 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR DAY 00 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Carolina South 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE Parl Washington 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1521 1) Washington NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Richard Cromer Pawnee Williams ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) M. Talburtt-sister-4 N.E. Washington, D no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost EATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIO HE DATE OF OPERATION 28s. AUTOPSY? 78k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INYURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 5 (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on above, (I) (we) did (did not) view the body after death and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d THYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Nov. Maryland National Cemetery Laurel DHMH - 16 60M 7/84 1200 Futeral Home-4001 Benning Road (VRA 15, 4)



<b>A</b>	- 1	Item	# 13 b, Fi	1m G 62	2,12/4/86	ra		OF MARYLAND -				
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of of short	× ×	230 BI	RIAL CREMATION					EMETERY OR CREMATORY	23d. LOCAT	ION		
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(VRA 15, 4)		U	onaldson	runer	we nome,	, Laurel	, Ma	NOI	1 5 19	500 Skelling	Fraidana 78	A. A. F

Paul

FOR

REGISTRAR

Joseph

DECEASED NAME

- STATE

Prince George's 126 KIND OF BUSINESS OR INDUSTRY Truck Driver Business 13e STREET ADDRESS / ZIP CODE 2420 St. Clair Drive 20748 Broderick Annie M. Cumming Same as 13 A-E HINBW PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNT STATE a, and that in (my) (our) apinion death accurred on the date and haur and from the couses stated 22c DATE SIGNED 6/86 6188 Oxon Hill Rd. Oxon Hill Md. Philip Wisotsky MD 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Suitland Burial Cedar Hill Cemetery Prince George's Md. 11/08/86 DHMH 16 60M 77 6683 OLE Alexander Ferry Rd. Clinton, Md 20735 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Cumming

REG. NO

MONTH

11

DAY

05

86

IF LINDER LYEAR

26 HOUR

IF UNDER 24 HRS

20 DATE OF DEATH

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	ESSARY, PLEASE RAI DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET,	3. SE	Y IA PAYE		ATE OF BIRTH	6. AGE (IN YEAR	IF UNDER 1 YR. IF UNI		TH MATED	1925	N
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ATTEND aspital a CTOR: A d for use of Hea			live on did not) view the body		19_860	nd that in (my) (our) opinion	death occurre	d on the date and	hour and from the c	ouses stated
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ST. BA	GAI	18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  WAS CAUSED BY:
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ION OF	Andrew Physician	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  1/F EITHER NOTIFY MEDICAL EXAMINER! P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STATE
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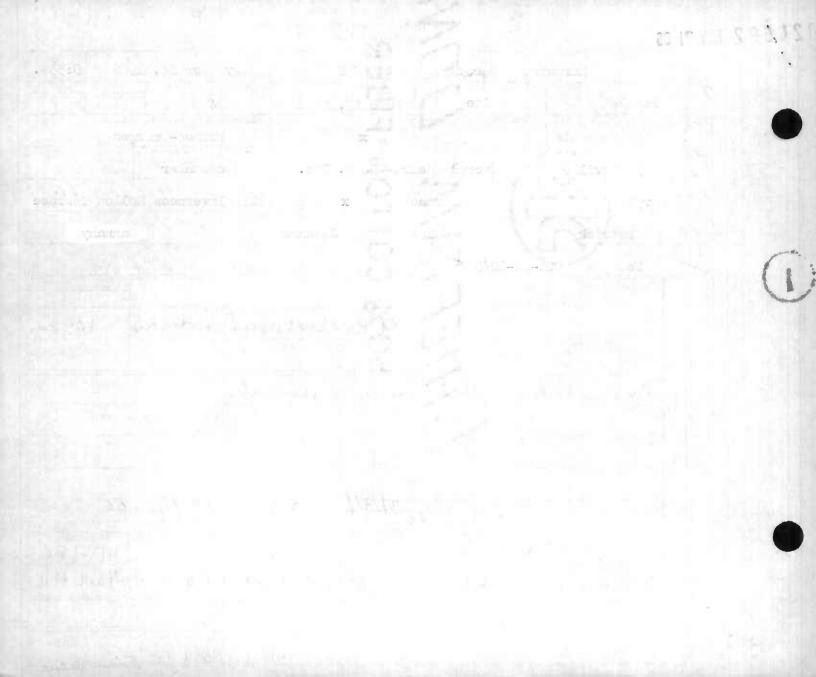
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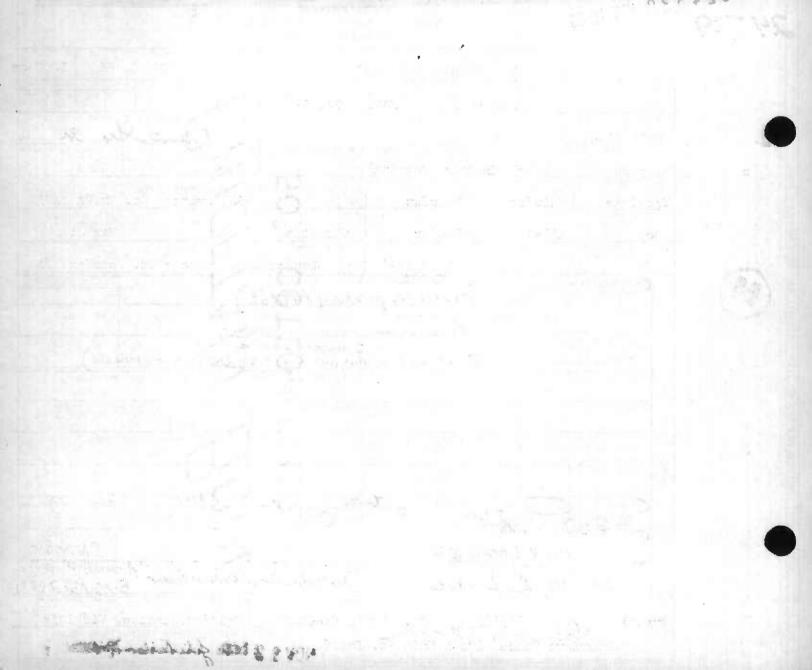
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	ER DE LA A EL MED	6	EXAMINER'S	NAME JOI	nn S. Rog	ers,	M. D.		ADDRESS ST	Iver Sp	ring, Monte	gomerv	County	, MD
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNEAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI	230 B	URIAL, CREMA	TION, REMOVAL					R CREMATORY		OCATION YORTOWN			
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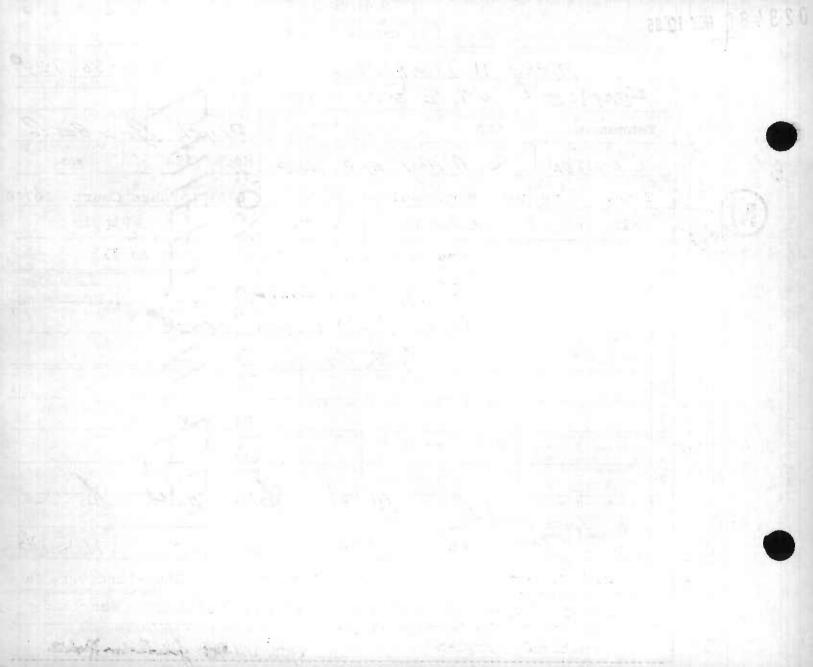
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	nay be page 3			CEASED NAME FIRST OR PRINT)	Ry H. D		SON	REG. NO.  28. DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR  4 86 725M  IF UNDER 1 YEAR IF UNDER 24 HRS				
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AND 282	6	35	13a S		NTY 13c. CITY OR	BEFORE ADMISSION) TOWN ngside	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CODE 6701 Larches	Court 20746				
MARYL	(A)	180	14. FA	THER'S NAME Wi'lliam	MIDDLE Hender		Is. MOTHER'S MAIDEN NA.  Lauma	WIDD(E	Pippin				
IMORE	be evecu	medical		VAS DECEASED EVER IN U.S. AR (ES. <b>NO</b> UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL 579	26 180	A. Ruth And	gell Same as	#13				
15, 201 W. PRESTON ST., BAL	vires that the death certificate signed by the attending physics on please remove carbon paper	ta burial, crematian, ar remaval. Injury, or other traumatic event, thi	Z	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), odd (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
AL RECORE	he law requirence. In law required to the law requirements of the law requirements of the law requirements.	ony ony	CERTIFICATION	19a DATE OF OPERATION	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO								
DIVISION OF VITAL RECORDS,	rysicial ding pl	Heolith and Mental Hy is marked or Item 18:	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hasp) sow the deceased alive on	ATH HOUR A.M. MONTH P.M.  218. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC	21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	STATE  that (I) (we) lost				
•	O HOSPITAL OR ATT etained by the hosp TO FUNERAL DIRECT should be detoched for	with the State Dept. of		PAR PHYSICIANS NAME LIVE C Laxmi N. E	the podylo Mer death.	- M	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED				
	BP		(	SPECIFY) Burial	7Nov1986	Washing	ton Nation	al Suiteland	Maryland				
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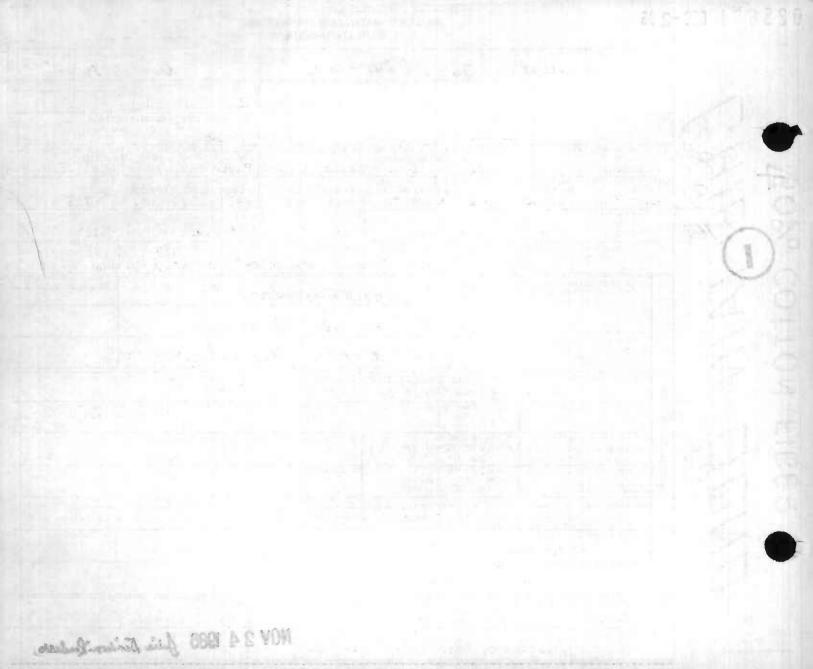


(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE ASED NAME 20. DATE KNOWN OF ESTI-THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
FILED, WITHIN 72 HOURS
201 W. PRESTON STREET, Kevin Dozier DEATH MATED 10 86 Michael 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 11:42 3 SEX DATE BLACK. MONTH PRONOUNCED MALE 3/ 10 86 FEB 1957 29 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's County, WASHINGTON, D.C. UNITED STATES WIDOWED [ DIVORCED N PAGE 5 F BE FILED, W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's General Hospital CAB DRIVER TAXICAB Cheverly DURS AFTER DEATH, IF ANY DELA
18. GIVE PACES, 1—2, SAND 3 TO
3. WITH FORM, PAWA, RETAIN P.
MIT. PAGES, AND 25HOULD BE.
5. DIVISION OF VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD, 21201 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 320 Anacostia Road. YES X Wash. D.C. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST HENRY M. DOZIER YVONNE BRAWNER 7. INFORMANT ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YVONNE DOZIER-MOTHER-2631 Navlor RdSE NO CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Gunshot Wound of Chest IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate 201 W. couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD" PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATO FUNDED TO FUNGARAL DIRECTOR; PAGE 3 SHOULD BE USED AS A FFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALLIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREM CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO ALL THE OF INJURY 21a, EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING DOR 11/3/19 86 11:30 RM CONTRIBUTING CAUSE OF DEATH subject shot 21f. LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) NOT WHILE X AT WORK 3588 Haves St., N.E. Washington, D.C. AT WORK vacant apt. X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide X Undetermined manner death resulted from Notural couses TITLE (SPECIFY) DATE 11/4/86 Assistant MEDICAL EXAMINER SKSNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION (SPECIFY) Suitland PG Burial 11/8/86 Maryland Washington Nat Cem 07/B4 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 2617 Pennsylvania Ave SE DC **DHMH - 17** ALEXANDER S. POPE AVR A15 ME (5))

025661 DEC	13.	OR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2/1/1
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
3 74		RICHA	1RD J.	DRYMMONPS	Nov	17, 86 20:48 M
4 4	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
techor 4		Male	Caucasian	May 20 1930	56 YRS	MONTHS DATS HOURS MIN.
- 11 Py	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED . NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 11 00	V	irginia	U.S.A.	WIDOWED DIVORCED	Prince George	MD.
i if the	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LII	126. KIND OF BUSINESS OR
51 306	C	linton	Southern Mar	yland Hospital Cente		Gov't Prn.Off.
1 11 3/	130	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	EBEFORE ADMISSION) POSPTINGS 4. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
8 2 1 1	M	laryland   Prin	ce George &	XHXXH YES NO X	5913 Cable Ave.	
1 12 1/	14. E	ATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN N		
1 /4		Homer Lee	Drummon	ds Lula	Florence	Click
# ( 11 37 17		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS Ca	ble Avenue
8 ( 1) g/ g		Yes No or unknown) Jan 5	0-Nov 58 577-	50-9151 Betty Drummo	onds/Wife Camp Sp	rings, Md.
BALT Pyrice popers and the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a).		nent.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS poor		IMMEDIAT	E CAUSE (o)	o agree of a	v ccs	
4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a	1	6 19 4	DUE TO, OR AS A CON	SEQUENCE OF CONTROLLAR DE	seine	
# de de properties		Canditions, if any, which gave rise to immediate	(b) CE 12		000	
T.W. P.		cause (a), stating the underlying cause last.	DUE TO, OR AS A SON	SEQUENCE OF ES Mille	so and Hypoglyvis	med
RDS, 20 requires to signed Then pier r to buric report, o	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION CErcusile	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART Ito
A RECO	TIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \bigcap \) NO \( \bigcap \)
E Z SILET	CERT	210. ACCIDENT WAS UNDERLYING		H DAY YEAR 216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
5 00 104 7	1 ×	OR CONTRIBUTING CAUSE OF DEA	illi	H DAY YEAR		
NO STREET	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
NIS CONTRACTOR OF STATE OF STA	×	AT WORK NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	4	STATE
O O O O		220.1 certify that (I) (this hospi	tal) attended the deceased	fram /0/10/36 19	, to 10/17/36	19, that (1) (we) last
Pag Pag E	1	saw the deceased alive an above, (I) (we) (did) (did na	6 L / OB P/L	19 17, 1950 and that in (my) (our) apinio	n death accurred an the date and hav	and from the causes stated
22 27 5 1		226 SIGNATURE	. 11.1	DEGREE		22c. DATE SIGNED
44 444		null	am y pur	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	
HOSPITAL med by 1 FUNERAL Lid be de- lid be de- the Shore	1	224 PHYSICIAN'S NAME THE O		22e ADDRESS		
MOSFIT oned by sold by th the 3		n. ///a/	m J, Leu	y wyp		
51 54134	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	1	Burial	11/21/86	Conicville Cemetery	Mount Jackson	Shenandoah, Va
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR		C Main St Main	E POC DI BY OSCISTRAR 26. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	De	ellinger Funeral	l Home, Inc.	Mt. Jackson, Va.	1 0 7 1900 Antie 1	endern Rudally



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	B04 86 /	116117	Cheve	rly		Prince George's General Hospital Television Direct									tor PGCC Cable			
21201	Separa S	13a. 5	ryland	13	b. COUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						le St	. 2	ىلىل07				
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